

15372



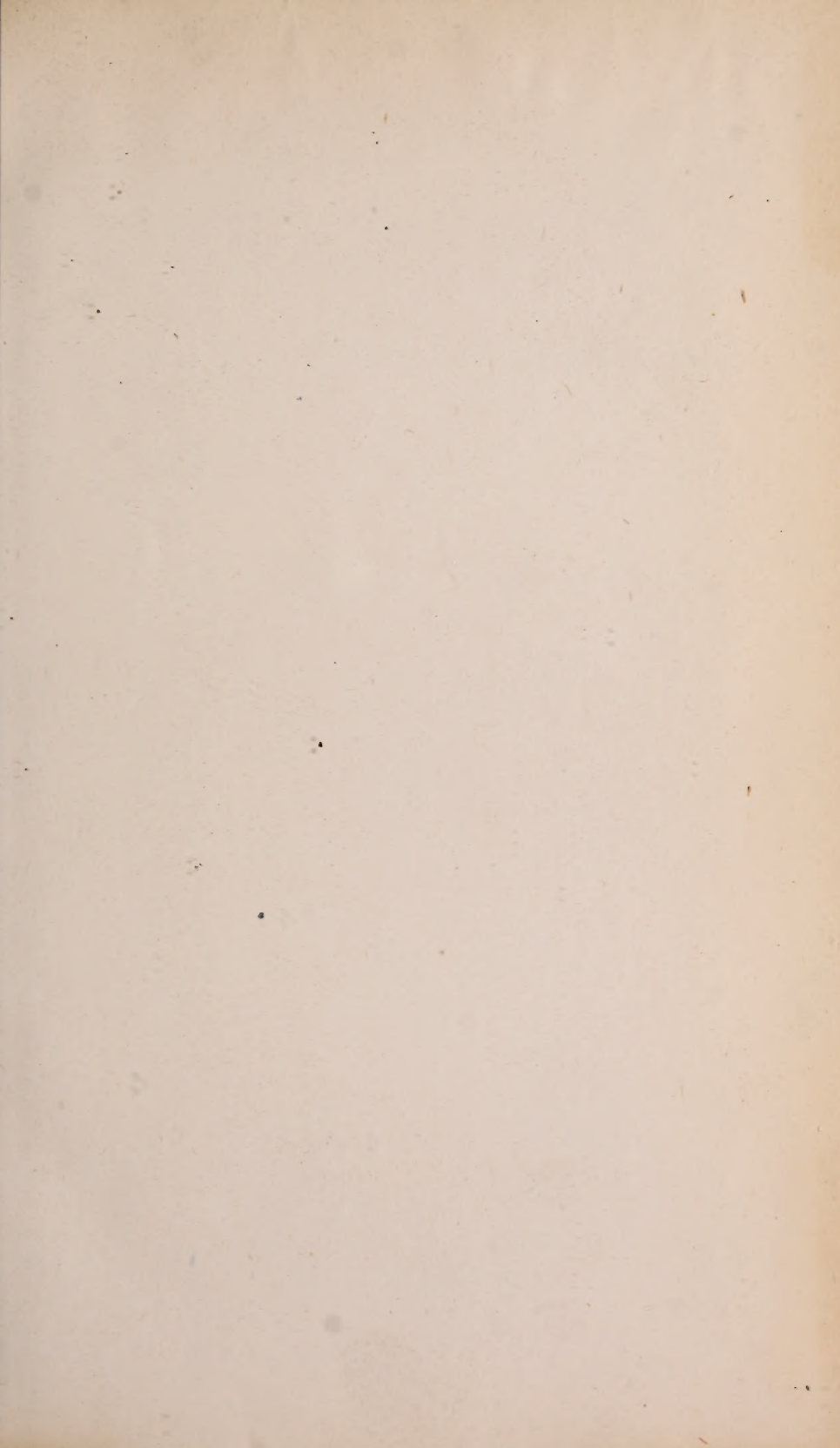
No. \_\_\_\_\_














Digitized by the Internet Archive  
in 2014



THE CINCINNATI



# LANCET AND OBSERVER.

**E. B. STEVENS, M. D., Editor.**

J. A. MURPHY, M. D., Editor of Medical Department.

W. H. MUSSEY, M. D., Editor of Surgical Department.

E. WILLIAMS, M. D., Editor of Ophthalmological Department.

---

New Series: Vol. XV. 1872. Whole Volume, XXXIII.

---

CINCINNATI:

PUBLISHED MONTHLY BY E. B. STEVENS, M. D.,

OFFICE, 319 ELM STREET.



THE UNIVERSITY OF CALIFORNIA

THE UNIVERSITY OF CALIFORNIA

1911



## Contributors to Vol. XV, 1872.

---

Dr. A. ANDRUS .....	
" S. C. AYRES.....	Cincinnati.
" E. T. COMEGYS.....	Resident Physician to Cincinnati Hospital.
" J. M. CURRIER.....	McIndoe's Falls, Vermont.
" WM. CARSON .....	Cincinnati.
" W. B. DAVIS.....	"
" A. N. ELLIS.....	A. A. Surg. U. S. A.
" E. EPSTEIN.....	Cincinnati.
" D. W. FLORA.....	Newaygo, Mich.
" CHAS. FAIRCHILD.....	Resident Physician to Cincinnati Hospital.
" W. H. FALLS.....	" " " "
" O. C. FARQUHAR.....	Zanesville, Ohio.
" N. GAY .....	Columbus, Ohio.
" N. W. GREENWALD.....	
" JOHN H. GRISCOM.....	New York City.
" WM. I. HALL.....	Danville, Ill.
" J. W. HADLOCK.....	Sec. Cincinnati Acad. Med.
" G. HOLDT.....	Cincinnati.
" C. HICKSON.....	Kansas City, Mo.
" J. F. HIBBERD.....	Richmond, Ind.
" A. B. HALL—"B.".....	Boston, Mass.
" W. S. HAYMOND.....	Monticello, Ind.
" R. H. JOHNSON.....	Cincinnati.
" D. H. JESSUP .....	Covington, Ky.
" CUNDELL JULER.....	Cincinnati.
" JOHN G. KERR.....	Canton, China.
" ISAAC KAY.....	Sec. Clark Co. Med. Society.
" THOS. H. KEARNEY.....	Prof. Principles Surgery Miami Med. College.
" F. KRAMER.....	Resident Physician Cincinnati Hospital.
" B. B. LEONARD.....	West Liberty, Ohio.
" W. H. MUSSEY.....	Prof. Surgery Miami Med. College.
" Z. C. McELROY.....	Zanesville, Ohio.
" HENRY MANFRED.....	Cincinnati.
" B. F. MILLER.....	"
" T. C. MINOR.....	"
" J. C. MACKENZIE.....	"
" F. H. MILLIGAN.....	Sec. Med. Soc. Wabashaw Co., Minn.

## LIST OF CONTRIBUTORS.

- Dr. T. L. NEAVE.....Resident Physician Cincinnati Hospital.  
 " W. A. PUGH.....Rushville, Ind.  
 " C. D. PALMER.....Visiting Physician to Cincinnati Hospital.  
 " J. L. QUINN.....Eaton, Ohio.  
 " B. F. RECORDS.....Paradise, Mo.  
 " B. RATTERMAN.....Resident Physician Cincinnati Hospital.  
 " THAD. A. REAMY.....Prof. Obstetrics Med College Ohio.  
 " J. N. ROBINSON.....  
 " T. C. SMITH.....Middleport, Ohio.  
 " F. SEYMOUR.....Chicago, Ill.  
 Miss M. E. S.....Cincinnati.  
 Dr. A. D. TOMLINSON.....Ft. Sill, Indian Territory.  
 " W. E. TUCKER.....Pt. Isabel, Ohio.  
 " SAM'L THOMPSON.....Toledo, Iowa,  
 " J. S. UNZICKER.....Cincinnati.  
 " T. L. WRIGHT.....Bellefontaine, Ohio.  
 " J. C. WYLIE.....Ripley, Ohio.  
 " C. M. WILSON.....Mineral Springs, Ohio.  
 " A. WHITEHEAD.....Springfield, Ohio.



## Contents for 1872.

American Medical Association.....	115, 251, 356, 381
Artificial Membrana Tympanacæ. By S. C. Ayres, M. D.....	138
Aphasia.....	334, 398, 462, 534, 583
Amputations. By Thos. H. Kearney, M. D.....	513
"    By F. Seymour, M. D.....	327
Aural Medicine. By A. Whitehead, M. D.....	522
A Case. By J. N. Robinson, M. D.....	580
Brain Tumor.....	39
Brain Disease.....	76
Bony Formation of the Heart. By N. Gay, M. D.....	460
CORRESPONDENCE—	
Letter from Dr. Kerr, Canton, China.....	20
"    "    M. D. "The Clinic".....	25
"    "    Dr. A. D. Tomlinson, Ft. Sill.....	29
"    "    Dr. Ellis, A. A. Surg., U. S. A.....	747
"    "    W. B. Davis, Europe.....	749
Dr. Flora—"Safety Mask".....	34
Dr. Holdt, Longview Asylum.....	92, 172
"Bacterians".....	98
J. M. Currier—"Maggots".....	176
C. B. Hall—The Perineum in Labor.....	244
F. R. Van Eaton, Moon Lake, Miss.....	245
T. L. Wright—Cerebro-Spinal Meningitis.....	427
C. M. Wilson, Mineral Springs, Ohio.....	428
B. B. Leonard—Wheat in the Bladder.....	429
Letters from Boston.....	483
R. H. Johnson, Yellow Springs, Ohio.....	468
S. Thompson, Toledo, Iowa.....	619
W. H. Mussey, Newport, R. I.....	620
Colles Fracture. By T. C. Smith, M. D.....	16
Cataract (Black). By S. C. Ayres, M. D.....	18, 351
Cæsarean Section after Death.....	50
College of Pharmacy.....	55, 701
Cundurango.....	57, 570
Cholera.....	112
Cincinnati Hospital.....	182, 510, 638, 703
C. E. Brown-Sequard.....	247
Carbolic Acid. By J. H. Griscom, M. D.....	332

Cataract—Extraction.....	431
Clinical Thermometry.....	439
Carcinoma. By A. Andrus, M. D.....	531
Cerebro-Spinal Meningitis.....	559
“ “ “ By W. S. Haymond, M. D.....	641
Death from Sedlitz Powder.....	313
Death from a Blow. By D. W. Flora, M. D.....	458
Doctor in Medicine.....	757
End of the Year.....	762
Epizoot.....	763
Epileptoid Convulsions.....	755
Electricity.....	434
Ergotine.....	35
Extra-Uterine Pregnancy. By J. L. Quinn, M. D.....	618
Empiricism.....	56
Foreign Bodies in the Ear.....	469, 544, 601
Gastric Juice in Cancers.....	441
Guarana in Sick-headache.....	754
HOSPITAL REPORTS—	
London Hospital—Chorea.....	100
St. George's “ Cases.....	166, 480
Guy's “ Cases.....	109
Cincinnati “.....	166, 474, 614, 695, 732
Hypodermic Medication in Cholera. By Cundell Juler, M. D.....	385
Hypodermic Injection.....	440
Hydrocele.....	626, 673
Iodoform.....	49
Inflammation. By J. E. Hibberd, M. D.....	193
Intestinal Obstruction. By D. H. Jessup, M. D.....	203
Intra-Uterine Medication. By Thad. A. Reamy, M. D.....	492
Jackson's Cough Syrup.....	181
Journalism.....	506
Labor—A Case. W. I. Hall, M. D.....	14
Lostorfer's Lesson. By Z. C. McElroy, M. D.....	210
Laceration of the Perineum. By O. C. Farquhar, M. D.....	662
MEDICAL SOCIETIES—	
Academy of Medicine.....	36, 75, 157, 234, 306, 353, 498, 559, 737
Clark Co. (Ohio) Medical Society.....	81, 423
Ohio State Medical Society.....	407, 492
American Medical Association.....	356
Union District Medical Society.....	420
Medicine—Speculative Beliefs. By Z. C. McElroy, M. D.....	1
Menstruation. By F. Seymour, M. D.....	65
Miami Medical College.....	178, 444, 634
Medical College of Ohio.....	180, 635
Malingering, Extraordinary.....	311
Medical Department Syracuse University (Col. Phys. and Surg.).....	507
Modern Surgery. By L. W. Greenwald, M. D.....	581

# CONTENTS.

vii

Nasal Douche.....	55
Narrowing of Pulmonary Artery.....	141
Nephrotomy. By T. H. Kearney, M. D.....	709
“.....	737
Neuralgia, Diaphragmatic.....	145, 222, 289
OBITUARY NOTICES—	
Jno. W. Gale, 64; D. Stanton, 127; J. P. Cummins, 128; N. Johnson, 177; I. S. Dodge, 182, 253; G. C. Blackman, 185; W. Richards, 189; Dr. Elstun, 255; Abel Carey, 256; L. M. Rogers, 320; J. N. Wilson, 704.	
Opium and Atropine.....	40
Ovaritis.....	51
Ohio State Medical Society.....	407, 443, 492
Probe—Improper use. By E. Seymour, M. D.....	705
Prostitution in Paris.....	716
Plugging of the Posterior Nares. By H. Manfred, M. D.....	69
Physical Diagnosis—Difficulties, etc. By W. Carson, M. D.....	257
Peripheral Irritation. By F. Seymour, M. D.....	284
Puerperal Convulsions. By W. E. Tucker, M. D.....	391
Parotitis. By B. F. Records, M. D.....	394
Practical Medicine.....	449
Psoas Abscess. By H. Manfred, M. D.....	572
REVIEWS AND NOTICES—	
Ringer's Hand-Book of Therapeutics.....	60
Transactions of American Medical Association.....	60
Dalton—Human Physiology.....	60
Ashurst—Principles and Practice of Surgery.....	61
Bennett—Pulmonary Consumption.....	62
Annual Report Hospital, Pekin, China.....	63
Gant—Surgery.....	123
Rindfleisch—Pathological Histology.....	124
How—Emergencies.....	125
Ainstie—Neuralgia.....	126
Logan—Consumption.....	126
Thomas—Diseases of Women.....	317
Paine—Soul and Instinct.....	317
Turnbull—Diseases of the Ear.....	318
Hewson—Earth in Surgery.....	318
Beard—Stimulants and Narcotics.....	319
Jeffries—Parasites.....	319
Simpson's Works, Vol. II, 125; Vol. III.....	446
Allen—Catarrh and Deafness.....	446
Mitchell—Injuries of Nerves.....	447
Smith—Diseases of Childhood.....	447
Amory—Bromide of Potash.....	448
Watson—Practice of Medicine.....	511
Letheby—Food.....	511
Arthur—Treatment of the Teeth.....	512



REVIEWS AND NOTICES—*Continued.*

Gross—Practical Surgery .....	574
Aitken—Practice of Medicine.....	766
Transactions of American Medical Association.....	766
Cnncer.....	767
Pearlee—Ovarian Tumors.....	767
Atlee—Ovarian Tumors.....	768
Wood, H. C.—Year Book of Therapeutics.....	574
Black—Ten Laws of Health.....	575
Dunglison—History of Medicine.....	575
Chapman—Hysterology .....	576
Wyman—Hay Fever.....	576
Rupture of the Stomach.....	37
Rupture of the Liver. By J. C. Mackenzie, M. D.....	214
Roosa—Annual Address.....	503
Renal Calculi.....	691
Sustentator Uteri.....	32
Summer Teaching.....	53, 119
Supporting the Perineum in Labor.....	78
“ “ “ “ “ By C. B. Hall, M. D.....	244
Small-pox.....	81
Sarcoma of the Choroid. By C. Hixson, M. D.....	390
Syphilis. By T. H. Kearney, M. D.....	321
“ .....607, 623, 668	
Suits for Malpractice.....	380
Sunstroke—Treatment .....	474
Tetanus.....	44
Test of Death.....	754
Tobacco.....	156
“ By T. L. Wright, M. D.....	277
Transfusion of Blood.....	436
Thoracentesis Aspiration.....454, 554	
Uncertainties of Medicine. By J. S. Unzicker, M. D.....	41
Uterine, Fibroid. By Thos. H. Kearney, M. D... ..	498
Vaccination .....	45
Vessel Nerves—Wagner—Epstein. ....	71
Vesico-Vaginal Fistula.....	683
Watson—Schryock Case. By R. H. Johnson, M. D.....	129

THE CINCINNATI  
LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—JANUARY, 1872—No. 1.

---

Original Communications.

*Art. I.—The Influence of Speculative Beliefs in Medicine.\**

Read to Muskingum County Medical Society, November Session, 1871.

By Z. C. McELROY, M. D., Zanesville, O.

Knowledge is mostly gained by observation and experiment, or experience by human beings; but is not confined to them. Every living being, to a greater or lesser extent, so acquires it; for a good deal of knowledge which does not come from organic forms of structure, measurably perfect at birth, and which, for the sake of distinction, is called instinct, is gained by man and inferior ani-

---

\* A persuasion of the truth, or an assent of mind to the truth of a declaration, proposition, or alleged fact, on the ground of evidence; distinct from personal knowledge; as belief of the gospel, etc.

Belief may also be founded on internal impressions, or arguments and reasons furnished by our own minds; as belief in our senses; a train of reasoning may result in belief.

Belief is opposed to knowledge and science.—*Webster's Dictionary, unabridged*, 1859.

mals in common by experience and observation. This knowledge, acquired by man and animals in common, by observation and experience, has, for its end, mostly, the present personal or physical comfort, provision for future wants, and the preservation, reproduction, and perpetuation of their several kinds.

To our observation, mankind, of all forms of organic life, possesses in the highest degree the power to increase the sum of knowledge by combining a new element with observation and experience in investigation, to wit: abstraction; that is, to consider parts of a thing separate from the thing itself. And the object of all investigation, whether by observation, experience, or abstraction, is to increase the area of the known.

From the known to the unknown there are two modes of investigation in use by man, viz: 1. From a known, assumed, or hypothetical unity, or greatest general conclusion, by mental speculative processes, or deduction, or analysis, arrange in harmony minor facts or positive knowledge. The best illustration of this mode of investigation is seen in the system of remedial management called homeopathy. Simile, the hub or center, the facts arranged as spokes to the hub.

2. The other is by the gradual combination of a number of minor facts into greater conclusions; a number of the greater conclusions into still wider general principles, working ever onward to an indeterminate unity, or greatest general principle, which is never reached, never complete, ready to be modified by any new truths which may be brought to light by observation, experiment, or abstraction. This is known as the Baconian or synthetical method, or induction, which may be illustrated as follows:\* The location of a railroad took a part of a large orchard on one side. The orchard was about a mile from a station, and was the point at which locomotives sounded their whistles. The owner noticed that the curculio and moths, which had been so numerous as to materially diminish the crop of fruit, disappeared entirely from that portion of the orchard, and he had since then larger crops of fruit than ever before. But in that portion of the orchard farthest from the railroad they still continued their depredations, more noticeably so on trees most remote from it. In investigating the subject, the owner took the several facts as a basis, to wit: the orchard,

---

\* Report to a Pomological Convention, 1871.

presence of moths and curculio, small fruit crops, the railroad, the whistling and rumbling of passing trains, the increase of fruit, disappearance of the curculio and moths as far from the road as possible not to get out of the orchard. His first conclusion was that the decrease of insect life, and the commotion of the atmosphere caused by passing trains and their whistles, were cause and effect. But he did not rest satisfied with this result, because it was in his power, by an experiment, to throw additional light on the subject. So, at a proper time, in a green oak stump at the edge of the orchard still infested with the curculio and moths, he made a chamber, and placed in it two pounds of powder and exploded it. The result was that all curculio and moth life disappeared from the orchard for that year. And, so far as one experiment could establish a truth, he had shown that the noises, by whistling and otherwise, of passing trains, and the explosion of two pounds of powder in a green oak stump, had cleared his orchard of insect life. As this was as far as his immediate interests and necessities were concerned, the owner of the orchard stopped his investigations at this point. But he might have gone farther, and made the induction, or synthesis, that the velocity of motion in the atmosphere, for that is noise, did, for the structures of insect life, what the discharge of a cannon would do, in a street of a crowded city, to the glass on either side of it, viz: break up its physical forms; or like violent motion, or concussion has repeatedly done to human ears, break up the forms of organic structure on which hearing depends. So, the induction that the violent motion in the atmosphere did break up the forms of structure on which insect life depended would stand as a fact, until other minor facts necessitated its modification.

While deduction in mental processes may sometimes have its uses—as the assumption of a known quantity in numbers may help to ascertain an unknown or indeterminate quantity—it is not to be relied on in physical inquiries, because its processes lead from generals backward to particulars, of which the general is supposed, or speculatively assumed, to be the representative—that is, again, the deductive is from a center outward; while the inductive is from outward toward an indeterminate, and ever receding, and never reached center.

The mental proceedings concerned in these two processes may be called speculative investigation, or inquiry, and always precedes an experiment not altogether empirical. And the ability



to carry to correct conclusions, or conclusions which will be borne out by experiment, or accomplished facts, speculative inquiry, or investigation, is just what distinguishes the great from the lesser men of the earth. The success or failure of the world's commerce, or rather the particular individuals engaged in commercial pursuits, who go to make up the aggregate of the world's commerce, depends on their ability to conduct speculative inquiries, or investigations, to conclusions which will be verified by accomplished facts.

Speculative inquiry, or investigation, as has been stated, may be conducted from an assumption, or a fact, as a basis, from a greater to lesser facts, or principles; or, it may be conducted from detached facts toward a central conclusion, or general principle.

For example: a man entertaining the speculative belief that woman's rights are immensely important—the conclusion at which his mind has arrived from a speculative investigation of the subject—deduces the speculative conclusion that every family in the city of Zanesville ought to have, and will buy a copy of a certain publication on the subject. On this speculative conclusion he proceeds to base action, and orders from the publisher of the book 2,000 copies; puts agents to work to sell them, who are to call on every family. After a careful canvass of our 2,500 families, he finds he has 1,950 copies on hand unsold. The result proves that his speculative conclusion that 2,000 copies of the book would be sold on its merits, as the central fact from which his speculative deduction was made, was an error, because it was not sustained by subsequent facts.

Another, more wisely speculating from the known to the unknown, commences his inquiry on the outer boundaries of the facts concerned in the conclusion at which he wishes to arrive: first, with the tastes and wants of the people; what they do read, and what they would probably buy, pay for, and read, and think they had got the worth of their money. The speculative conclusion at which he arrived, from his investigation of the actual facts concerned in the conclusion, was, that 1,000 copies of a sensational publication—it may have been the confession of some great criminal—could be sold to so many of our 2,500 families. They were accordingly ordered from the publisher. He, too, put agents to work, instructing them to call on every family. As a result, they sell the 1,000 copies, and 500 additional were required to supply the demand. The facts accomplished by him prove that he had

conducted his speculative investigation wisely, for he reached, from the minor facts, a conclusion which the subsequent events verified as correct. Speculative inquiries from the known to conclusion, which subsequent events prove correct, or erroneous, are at the bottom of the world's business, whether commercial, civil, social, moral, intellectual, scientific, or philosophic. It everywhere precedes action; and speculative beliefs are the controlling forces of society.

The influence of speculative beliefs on the practical every-day concerns of life, not business life alone, but the physical life of the individual, is strikingly shown in the practice of medicine at the present time, by all the different schools, systems, and sects of the healing art. None of them have ever set any limits to the possible achievements of their art with drugs and medicines in the remedial management of so-called diseases. All of them agree upon the anatomy and physiology of the human body as contained in standard text-books of the regular profession. They are of one accord in the belief that there are a great many (several hundred) specifically distinct and different diseases, to which the human body is liable. And they unite, as the possible achievements of their art with drugs and medicines, "the cure," that is, the complete restoration of people afflicted with any one, or any combination of these "diseases," to perfect health.

All agreement is, however, lost when they are called upon to decide with what particular disease, or diseases, any particular sick person is suffering. Wide as are the disagreements here, they do not reach their maximum until the stage of applying drugs and medicines to cure "diseases" is reached. Here confusion is extreme, ranging from infinitesimals and supernaturals to every variety and combination of drugs and medicines. After this divergence they all unite, again, in asking the public to judge of the merits of their systems by the results of their practice. And truth compels the confession that these results do not differ so much as the speculative belief on which they are based.

The result is that, possibly without knowing or intending it, most people became partisans of this or that doctor, or this or that system or scheme of practice, generally in consequence of a speculative belief, or personal experience, or observation of one or more individual results of practice. Practitioners often task their brains more in devising new schemes of procedure, or practice based on speculative belief, than they do to elucidate any new truth.

Some of these expedients are severely comic. Thus, a "gentleman of color," living within the range of personal observation by the writer, who had hitherto failed in making a satisfactory living in any way for himself without work, some years since took to solitary rambles in the woods and fields, with a grubbing hoe and knife, generally returning with some sheaves or bunches, or both, of the tops of some "yarb" with supposed healing power, and gave out among his neighbors that he merely designed to collect properly some native herbs, roots, barks, leaves, and buds for domestic practice. He soon had customers for elecampane, cumfrey, saffron, rue, and the like, which he put up and sold in five and ten cent packages. He was too ambitious, however, to be contented with such gains long. Next he brought out a "Choctaw Tonic;" then a "Cough Cure;" soon after a "Blood Purifier," followed in a little while by a "Consumption Cure," and a "Scrofula Cure," together with a "Sovereign Balm Liniment." But alas! the woods and fields were now forsaken, and the nearer road taken to that of dealers in "Drugs and Medicines" for the necessary ammunition to fight bravely with diseases.

Of a religious turn of mind (are not all colored people so?), he hit upon the device—probably from a hint on some stray leaf from a "Life of Franklin," or from observing the behavior of the opposite poles of some magnet—of there being two kinds of electricity, viz., righteous and wicked; and came to the speculative conclusion that sick people generally had wicked electricity, while well people had righteous electricity. He himself had righteous electricity enough and to spare. He runs a small church as its pastor; and found that by manipulating rheumatic so called joints and muscles—that is, joints and muscles having wicked electricity in them—he could work the old wicked electricity out of them, and put righteous electricity in them from his own surplus, and in so doing he gained popularity or notoriety, or both, together with patients and money. Hence a sign, announcing "Dr. Scipio Smith, Botanic and Manipulating Physician," was not long in making its appearance before his shabby "office" in an out of the way alley. The best of the joke probably is that he himself—Dr. Scipio Smith—thoroughly believes his own medical speculative conclusions; and is able to obtain a goodly number of converts in his "deestrick" among the chemically sick, who come many miles to him, and find his snake root, senna leaves, sugar,



water and whisky, miscellaneous "compounded," rather agreeable medicines, not doing them any harm, even if they fail to "cure" or "help" them.

And Dr. Smith's means may be taken as a fair sample of the ways by which the public are educated in regard to organic life; to become the prey of adventurous "doctors," or "systems of practice," and patent and proprietary medicine manufacturers and dealers.

And, in the main, the regular profession of medicine are engaged in the accumulation of individual experiences with "drugs and medicines." They justify these proceedings by declaring that they are accumulating the facts out of which, or from which, some future generation will be able to construct a science of life, and a science and practice of medicine.

But whatever may be the differences in the speculative beliefs, or conclusions, on which their action is based, all "medical doctors," no matter what their speculative "pathies," "isms," or individualisms may be, are working to a common end—accumulating experiences in the treatment of "diseases" with drugs and medicines.

The regular profession, and the larger schisms from it, have weekly, monthly, and quarterly publications, whose contents consist mainly of "cases" treated with this or that new or old drug or medicine; occasionally interspersed with some after-dinner effort of some garrulous member, on some public occasion. Then these cases are carefully condensed, and got up in half-yearly, or yearly abstracts, or compendiums, for those who are "too busy" to read, in extenso, the various journals as they appear, weekly, monthly, or quarterly. Possibly, too, this arrangement assists other gentlemen who "love to read" such entertaining literature, but who are themselves suffering from impecunious "disease" to such an extent as to prevent them indulging their appetites by getting it from the originals. Several journals in this country, which are literal copies in their "plan" of a London original, exclude everything but "experiences with drugs and medicines," except advertisements, at about \$200 per page per annum.

But these are merely "infinitesimals" compared with the modern patent medicine "almanac," or "domestic receipt books," whose principal contents are "cases" treated with "Dr. Scallawag's celebrated family medicines," or other proprietary or patent compo-



sition of drugs. If the statements of their publishers be correct, their circulation must be greater than the total population of our country—forty millions; that is, the combined circulation of the different kinds, or those issued by different houses, annually, amounts to many millions more than there are inhabitants. Each has its special hobby. And, like Dr. Scipio, they present something in regard to “disease” which is complete in itself—supposing that there was such a thing as “disease,” as popularly, and, to a large extent, professionally understood, as certain specific entities, or identities; totally unlike each other in any respect; all foreign to the bodies of those who “get” or “catch” them; which are running and rioting about in their bodies like so many wild “varmints,” deranging their functions and structures, and to be regarded and treated as enemies *per se*. And in that respect, with a simple explanation, complete in itself, or some speculative belief of the impurity of the blood, etc., the irregulars have the regulars always at a disadvantage—have, in fact, turned their guns against themselves. That is, they have seized on the weak points of the regulars, and carried them out in the deductive method to their legitimate consequences. These weak points are the ideals of life, to wit: “diseases,” “cures,” “means of cure” and “vital forces,” which have descended from the remotest antiquity unchanged in significance, and into which the medical profession, regular and irregular, strive to merge the more exact knowledge of our times, with the result—dire confusion in the healing art.

Such are some of the results of speculative beliefs in the minds of people and professions in regard to human sickness. But between the beginning and end of any chronic sickness, how much disappointed hope, how many mistakes are made, how much of the hard earnings of the poor have been needlessly expended? Consult the statistics of the trade in drugs and medicines, and patent and proprietary medicines for a reply. That much, very much good is done, there is no shadow of doubt; but the admixture of known evil is needlessly large, and exists in consequence of speculative beliefs in the minds of people and professions in regard to organic life, which do not, in the mental impressions to which they give rise, reflect truthfully any of the facts of life, pathological or therapeutic.

In common with other fellows of the society, I listened, as attentively as I knew how, to the reading of the very elaborate

paper by one of the fellows at our last session. Though, to my mind, it did not have much order in its composition, it was notably respectful in its tone and language, which is a very high merit in a controversial paper.

As near as I could make out, the paper started out with the speculative assumption, or belief, that the waste and repair of the structures of the human body did not account for its phenomena; or, in other words, that function was not the expression of structure; or, negatively, that function did not depend on special forms of structure, or physical or chemical motion in the material of structures.

Such phenomena as the combatant thought were not accounted for were brought forward, and, as a conclusion, they, with all other known facts of life, were merged into an unknown something to which he did not give any designation or definition.

On the speculative belief that there is such a thing or condition as disease, as the president understands it, to wit, a special entity, an endeavor was next made to show its origin in germs; the paper concluding by reports of some cases treated by the sulphites and sulpho-carbolates, and urging an extended series of empirical experiments with this class of drugs and medicines in the treatment of diseases.

And if the paper was not designed as a protest against the tide of modern chemical and physical research in the domain of organic life, I confess I failed to perceive its purpose. On the whole, it seemed to me a parallel to the Pope's bull against the comet. Philosophically, from the known, it endeavored to lead us into the darkest regions of the unknown, and there left us. The empirical administration of drugs and medicines does not appear to have impressed his mind as it has that of Sir Thomas Watson, who, on a recent occasion, said:

"To me it has been a life-long wonder how vaguely, how ignorantly, how rashly, drugs are often administered. We try this, and, not succeeding, we try that; and, baffled again, we try something else; and it is fortunate if we do no harm in these our tryings."

No investigator of pathology can now ignore the fact that the existence of disease, as commonly understood in speculative beliefs, by either the profession or people, has been challenged, and challenged by competent authority. And among this authority I do not include myself, though I hope to make myself an authority

at some future time, if by authority is understood a published volume.

As opposed to this plunge into darkness, which Dr. C.'s paper recommended, I have, on various occasions, in the society and out of it, in the pages of current journals, shown, by the inductive method of research, that the accumulated and accumulating facts of life can not be merged into the ideals transmitted to us from the remotest antiquity, now in use by the profession and people. Into the speculative belief connected with the term disease, the facts of pathology can not now be merged. Nor can the effects of drugs and medicines be merged into the ideals now in use by the profession and people in their classification. And the facts of physiology can not be merged into the ideals used by the very latest authorities. All of them are jack o' lanterns, leading the minds of those who use them away from the unity of life to which the facts all tend, when disassociated from the speculative beliefs in which they originate. They are the barriers which effectually prevent progress in a science of life. The boasted progress in medical science, when critically examined, is found to be administrative only in therapeutics. And no other results are likely to be reached until they are dropped out of use, and the known particular facts of life merged into known general principles; for it is the business of science to merge known particulars into known generals, not to merge the known into the unknown.

The conditions of organized life are facts, and no speculative beliefs concerning them can make them otherwise. And the facts of life are to be studied in precisely the same way as the particular facts of any other whole are studied, regarding the human body as a whole. Revelation states that human bodies are made of the dust, or slime of the ground; and this statement is verified by exact science now. There is an almost continuous stream of inorganic gases, as gases; and the same kind of gases in complex chemical combination with a few other elements, solid and fluid, going from the exterior into the interior of each and every living body during life. And a current of equal volume, of the same materials, in widely different chemical states, is as continuously returning from the interior to the exterior during the life of each individual. One of the conclusions to be synthetically induced from these several facts is, that in the human body, as well as all other living bodies, there is chemical circulation of matter.

How does it circulate? Not as food, that is, the precise chem-



ical state of much of the food introduced into it. From the moment it enters the mouth chemical changes commence, and all food eaten is chemically transformed into what is called blood. Do the organs burn, or oxidize the carbon and other materials of the blood, as grates, or furnaces oxidize the carbon of fuel, coal or wood? If they do, then how do they do it? For a pile of food as large and high as a Himalaya mountain would not, by its oxidation or decay out of a living body, by any now known processes, yield but a single phenomena of life—viz., heat.

After food enters the mouth of a living body, physical or chemical demonstration of the precise changes it undergoes, chemically, becomes more and more difficult, and is altogether out of reach, except by results, between different stages, beyond the stomach. It is here that abstraction comes into play to throw light into the obscure interspaces existing between these different and demonstrable stages, or results, of the conversion of food into living flesh.

It does not require any tedious intellectual processes, supplemented by even careless experiment, or the most superficial observation, to become satisfied that all the carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorous, lime, iron, soda, potass, chlorine, and magnesia on the globe would not, without forms of structure, chemical and physical and mechanical, make a pair of boots out of leather, or a coat out of cloth, or a hat of felt, or cloth, or paper, or a carriage, or a house, or any of its contents. The synthetical induction, therefore, is fully warranted—in fact demonstrated—by the particular facts concerned in the total of life, that the food eaten by human beings must be worked into forms of structure and physical contour, preparatory to performing a function. That function depends on molecular forms of structure is further and negatively demonstrated by the fact of morbid or unnatural anatomy—loss of natural structure is followed by loss of function.

In fact, the business of the world's mechanics, artisans, and laborers is to give forms of structure to organic and inorganic materials, to the end that they may perform functions of utility or beauty to their fellow-men, or the domestic animals in their service. And this includes the total of the work of the world's laborers, from agriculturist to the artist, or abstract intellectual laborer. The law that function is the expression of structure is as absolute and wide-spread as that of gravity.

The iron ore in the earth performs no known function of utility

to man. To fit it to perform any function or duty for man, it must be dug out of the ground—simple motion; hauled to the blast furnace, and subjected to its processes, all of which consist of simple motion by matter; thence to the puddling furnace, and while going through its processes is subject to simple motion still; to the rolling-mill or forge, whose processes are simply motion; to the forge of the artisan or mechanic, to be worked into forms, that it may perform a function of utility, or combined utility and beauty, to man. These processes consist of simple motion in matter, all tending to forms of structure or design.

So of the inorganic elements composing the human body. From low or simple chemical states, they ascend in chemical complexity to vegetable forms of structure or design, which is nothing more, or nothing less, or nothing different from simple motion in matter, or by matter. Into these chemical states they are passed into an animal stomach, subjected to its processes to dissolve all that is soluble—simple motion in matter yet. When a solution is effected, it is passed into the blood vessels direct; thence to the liver; from the liver to the heart; from the heart to the lungs—all these processes merge into simple motion in matter; from the lungs back to the left heart; thence to the minutest capillaries, and into forms of structure or designs, chemical and physical. Can there be, is there anything in all these changes not mergable into simple motion by matter?

From forms of structure, downward in chemical complexity to simple combinations, to be passed from the body in solution or gaseous, to re-enter vegetable structures again on their way upward to future organic forms of structure in some animal body.

What is all this but chemical circulation of matter—that is, physical motion by matter into forms of structure or design, that a function may be performed? The known particulars of life, merged into the known generals of life, by the synthetic, constructive, or inductive method of abstract research or investigation, which alone can link together into a consistent whole the detached parts really concerned in any complexity.

What, then, it may be asked, are the known generals into which all the particular facts of physiology can be merged? Normal materials, normal organic forms of structure, and the chemical circulation of matter at normal velocities of simple physical motion by matter. In these known generals can be merged all the detached particular acts of natural life or physiology.

Pathology can only be some deviation from these generals or ideals of physiology; that is, chemical circulation of matter at velocities of motion above or below the natural standard, or standard of health; changing molecular forms of structure, as seen during so-called small-pox, measles, syphilis, etc.; changed (molecular) forms of structure, as seen after small-pox; or lost (molecular) forms of structure, as seen after paralysis, loss of sight, tumors, etc. Into these generals of pathology merge every accumulated, detached fact concerning so-called diseases—even though their different specific entities are speculatively believed to number many hundreds.

Remedial management of sickness, that is, the *modus operandi* of remedial agencies and measures, even though their effects are speculatively recognized as numbering thousands of different kinds, all actually merge into advancing, retarding, or modifying simple motion in the chemical circulation of matter. Drugs and medicines simply represent complex combinations of inorganic matter storing up modes of force, just as nitro-glycerine stores up force or motion, and is valuable to man solely on account of the velocity of motion it communicates, in the act of retrocession, to simpler chemical states or explosion.

Germes, as the cause of disease, were dwelt on in the paper. What is a germ? Why, simply inorganic matter in complex chemical states, storing up force capable, under certain conditions, of advancing, retarding, or modifying the velocity and mode of the chemical circulation of matter in living bodies. Nothing more, nothing less, nothing different from simple motion in matter, just as nitro-glycerine. Out of living bodies, all germs are as harmless as grains of sand.

If a chemical compound, as cyanide of potassium, when introduced into a living body, promptly arrests normal chemical motion in living flesh or bodies, O! why, it is a deadly poison. If another, as strychnia, as promptly advances simple motion in living matter, why, it is a deadly poison, too.

Ah, gentlemen, these are the ideals of tradition into which the particular facts of life can not be scientifically merged, for it is merging the known into the unknown; substituting darkness and mystery for light and comprehension.



*Art. II.—A Case of Labor.*

By WM. I. HALL, M. D., Danville, Ill.

Mrs. H., æt. 34; Prussian by birth; mother of two children; healthy. Was called, on the morning of October 8, to prescribe for this patient, on account of a peculiar feeling of uneasiness and aching, situated high up on the abdomen, and to the right side. Found the patient in bed, with an unusually prominent abdomen.

On inquiry, I learned that the patient supposed herself in the eighth month of gestation. Had not felt the movements of the child for the past five days, and during the last two days had suffered considerably from the side trouble above alluded to. A digital examination revealed the vagina and soft structures normal; the os uteri high up in the pelvic cavity, and inclined backward; soft, and considerably dilated. By placing my hand on the abdomen, and making steady pressure on the fundus of the uterus backward and downward, I was enabled to learn that there was a head presentation, and that the membranes were intact. While making this examination, the uterus contracted with considerable energy, the patient, however, not complaining of any pain at the time.

Expressed my opinion to the patient that labor would likely progress to completion before the day was past; and, advising her to content herself as best suited her, I sat down to while away the time with "Arts of Intoxication," and await events.

Some two hours elapsed, during which the patient was sitting up and walking about, but complaining of nothing. Requested a second examination, which discovered the same state of affairs as the first, with the exception that there was more dilatation of the os. By making the same pressure over the fundus, backward and downward, I made a more thorough examination, which confirmed my first conclusions. I became thoroughly convinced that the presentation was cephalic, first position. Retaining my hand on the fundus for some time, I distinctly felt the uterine contractions recur at regular intervals. Inquiry revealed the fact that the patient felt no pain whatever at the time of these contractions. Did not know when they occurred; felt some aching across small of back; but, aside from this, had no sensible feeling that labor was in progress. [And here I may remark, that during the twelve hours I was with this patient, she never once complained of pain



at the time of uterine contractions, nor afterward. Felt just the same during the contractions that she did in the intervals.]

I went back to my book, and two hours passed much as had the previous two, when I requested a third examination. Found the os still high up, but dilatation undoubtedly progressing; membranes still intact; adopted the same measures to produce descent of the os, when, what was my surprise to find, instead of the head, a soft fleshy substance, filling up the os at each contraction of the uterus. I made a long and careful examination, and arrived at the conclusion that this was as certainly a breech presentation as the other was a head.

I quieted the fears of the patient, and resumed my reading, advising, however, that the patient bind a towel tightly around the abdomen, to keep steady pressure on the fundus of the uterus, and thus restore somewhat its axis with the superior strait.

Tiring of the "Arts," etc., I sauntered about the premises until near five hours had elapsed, when I was notified that the "waters" had "come away." Examination confirmed this, and revealed the os considerably descended into pelvic cavity, together with the breech of the fetus well down in the os. At this stage the contractions of the uterus were quite regular in their recurrence, but weak.

I administered fld. ext. ergot, every twenty or thirty minutes, until several doses had been taken, without any appreciable effect. Then gave five gr. dose of quinine, which seemed to increase the power of the uterus quite perceptibly. There did not seem to be any use made of the accessory powers of expulsion, and it was only at my suggestion that the patient held her breath, and bore down, thus bringing the abdominal muscles into play.

I had, however, to keep my hand on the abdomen, and notify her at the time of each contraction, as she had no knowledge when they came on, or passed off. The nates of the fetus had a doughy, flaccid feel, which led me to suspect that it was dead. The expulsion of the body was very slow, but when the head engaged I succeeded pretty readily in giving exit to it. It (the fetus) was a well developed male child, weighing probably about five pounds and lifeless. Cord unusually small and pulseless. Placing my hand on the abdomen, I at once suspected that there was an additional child in utero, and a digital examination confirmed this conclusion. The contractions of the uterus were regular, but weak, and after waiting about forty minutes, I punc-

tured the membranes, and the breech of the second child soon descended. Expulsion was slow, until the head engaged, which, as in the other, I succeeded in giving birth to with but little trouble. This proved to be a male child, larger than the other, and lifeless. The cord was quite small. They had the appearance of having died but recently. The womb contracted well, and soon threw off two placentæ, that were small but healthy in appearance. The patient has since done well.

The two significant features in this case are the undoubted change in the position of the child, and the absence of all sensation of pain at the time of uterine contractions.

There certainly was a change from a head to a breech presentation. My convictions were never clearer on any subject than on this. Evolution is regarded as a very rare occurrence by authors, and it is this rarity of occurrence that has induced me to report this case. That it occurred here, I can in no wise doubt. The absence of all pain is probably as rare.

---

### *Art. III.—Colles' Fracture Simultaneous in Both Arms—Case.*

By T. CURTIS SMITH, M. D., Middleport, O.

On the 14th of July (this year) I was called to see a son of Mr. R., æt. 10 years, a robust and healthy boy. A few hours previous, while climbing, a limb gave way, and he was precipitated, from a height of fourteen feet to the ground; his weight was received on the palms of the extended hands. When I saw him there was considerable swelling at and above the wrists, but the deformity enabled me to diagnose the character of the difficulty at once. The radius of the right arm was fractured at three-fourths of an inch above the wrist joint, that of the left at one inch above the joint. I had him placed on a narrow lounge, and applied to each arm two pistol-shaped splints after removing the deformity by extension. There were no other serious injuries about his body or extremities. The paddings were so arranged as to bring each fragment into exact apposition. The dressings were carefully removed and replaced every third day for two weeks, after which but one splint was used, union by this time having become remarkably firm for the short time that had elapsed since the acci-

dent occurred. At present writing union is firm, and no deformity can be observed in either arm.

The only case similar to this which I can find, is one\* reported by Geo. B. Stevens, House Surgeon at the Boston City Hospital for 1869, which occurred in the service of Dr. Geo. Derby:† "The patient, æt. 16, fell through the scuttle of a building, passing three stories in his descent, and in the basement struck first upon his extended hands and then upon his back. When brought to the hospital, the 'silver-fork deformity' of Colles' fracture was very marked in both fore-arms, more so in the right. The radius of the left arm was found to be broken just above the wrist; the radius of the right was broken somewhat higher up than the same bone of the left, while the ulna was apparently bent. Forceful extension was made, . . . the deformity overcome, and both fore-arms put in two straight splints, anterior and posterior. The splints were continued four weeks, at the end of which time union was firm in both fractures, and with no deformity, except a slight depression at the point of fracture of the radius of the right arm. The movements of the wrists were good, and those of supination and pronation were little affected."

In my own case, motion is as complete as before the occurrence of the accident. This accident may occur occasionally, but these two constitute all the reported cases I can find in two pretty large libraries. Dr. J. Q. A. Hudson kindly furnished the history of the last case to me. Colles' fracture of one arm is no great rarity, as every surgeon knows, but it is not very common to find it simultaneous in both fore-arms.

In the treatment of this fracture, no plan has succeeded as well in my hands as the use of two pistol-shaped splints, well padded, and a small compress used here or there, as the displaced fragments require, and which must be decided by the surgeon, the whole bound evenly and firmly to the arm after the fragments have been properly adjusted. If due care is used, deformity will not often follow this plan of treatment.

---

\* Perhaps on account of the very imperfect index that is found in most every journal in our country.

† Boston Medical and Surgical Journal for 1869, Vol. IV., new series, page 168.



## Ophthalmological Department.

### *Case of Black Cataract.*

Reported by S. C. AYRES, M. D.

The patient was a delicate, spare man, of medium height, fifty-one years of age, and rather prematurely old. He has always been myopic in a high degree, but had, with the assistance of proper glasses, enjoyed very fair sight until about five years ago, when he suffered from a severe attack of typhoid fever. Shortly after he had recovered from the fever, his right eye began to fail, and in two months the sight was lost entirely. He suffered severe neuralgic pains in it, which did not entirely cease until the eye became quite blind. The eye at present gives him no pain. The lens is opaque, and the vitreous probably liquid, from the fact that the iris is tremulous, and the tension slightly diminished.

The left eye became affected at the time he had the fever above mentioned, and slowly failed, but did not become blind until about one year ago.

Upon careful examination, it was found that the eye retained very fair perception of light; that the iris was quite active, and the tension normal. With the ophthalmoscope the lens appeared perfectly opaque, and did not present that amber color characteristic of old, over-ripe cataracts.

By oblique illumination, it presented a milky white appearance, with very delicate streaks of dark brown in it. The ordinary appearances of black cataract were wanting in this case, and one would be more likely to conclude that he had a soft cortical cataract to deal with.

Graefe's modified linear operation was made. As soon as the capsule was ruptured, there was a sudden escape of a semi-liquid milky fluid, and the pupil became black. The first impressions were that we were dealing with a soft cataract. But Dr. Williams, being convinced that there must be a lens there, proceeded with the operation, and, upon pressing the scoop upward over the cornea, soon saw the edge of the lens engaging in the wound. It

was extracted without further trouble, and the eye quickly closed, as a small quantity of the vitreous, which was liquified, had escaped. The eye recovered from the operation without any unfavorable symptom.

The lens extracted is of a very dark brown, or almost black color.

The peculiarity in the case is that, owing to the semi-liquid cortical substance which was found between the capsule and the lens, the true character of the cataract was obscured. When the capsule was ruptured, the milky fluid ran out and the pupil became black. If this semi-liquid cortical substance had been transparent, the presence of a black cataract would have been plain. As it was, the real character of the lens was not certainly known until after the rupture of the capsule, although it was suspected beforehand.

After the eye had recovered from the operation, it was examined with the ophthalmoscope, and numerous floating bodies found in the vitreous. There was a very large posterior staphyloma, with tolerably extensive atrophy of the choroid. Notwithstanding this, he saw remarkably well without a cataract glass, owing, probably, to his high degree of myopia. He was able to go around alone, and saw things, in a general way, quite well. Unfortunately for him, no glass could be found which would enable him to see to read.

---

*Reading in Railway Cars.*—Most, if not all who read on railroads, are sensible of weight and weariness about the eyes. This sensation is accounted for on high medical authority by the fact that the exact distance between the eyes and the paper can not be maintained. The concussions and oscillations of the train disturb the powers of vision, and any variation, however slight, is met by an effort at accommodation on the part of the eyes. The constant exercise of so delicate an organ of course produces fatigue, and if the practice of railroad reading is persisted in must result in permanent injury. Added to this difficulty is bad or shifting light. The safe and prudent mode is to read little if any. The deliberate finishing of volumes in railway cars is highly detrimental.

## Correspondence.

*Letter from John G. Kerr, M. D., Chief Surgeon of the  
Canton (China) Hospital.*

### CHINA AS A FIELD FOR MEDICAL MISSIONARY WORK.

*Editors Lancet and Observer :*

The vast empire of China is rapidly opening up to the civilized world. Commerce is extending its articles into all parts of the country. Political relations are being formed, and science is beginning to throw a light into the darkness of ages. But above all, Christian effort is beginning to substitute for idolatry and superstition the blessed truths and glorious hopes of the gospel. In aid of this latter object, the profession of medicine has contributed in no small degree, and the Missionary Hospitals established in Canton, Shanghai, and Peking, by Parker, Lockhart, and Hobson, will always occupy a prominent place in any history of Protestant missions in China.

It will be my object, in this paper, to bring before the younger members of our profession and those who are preparing to enter in the wide field of usefulness which is open to them in China, and my hope is that some will devote their lives and professional talents to the great work of aiding the introduction of Christianity and science to the millions of our fellow-men in this ancient empire, who are involved in mental and moral darkness.

In the first place, I may direct your attention to the extent and population of China. Its area is about equal to that of the United States, and China proper is divided into eighteen provinces, some of which are larger than the State of New York.

The population is numbered by hundreds of millions, and the inhabitants are mostly congregated in towns and cities. There are numerous cities, each of which contains a population of a million or more people. There are hundreds of cities which number their inhabitants by hundreds of thousands, and there are thousands of towns and cities in each of which the population is estimated by tens of thousands. In many instances, several large cities are



located in the vicinity of each other, and thus several millions of people dwell within an area of a few miles in diameter.

It is difficult for the mind to comprehend the vastness of the field which is here open to the benevolent work of the Christian physician. It can only be properly appreciated after one has resided for some years in one of these populous districts.

There are many things in the history and present state of the Chinese which afford subjects of study of the deepest interest to the intelligent observer of men and things. Among these may be mentioned the government, laws, literature, and customs of the country. But it is unnecessary to enlarge on these points in this paper.

The state of medical practice among the Chinese is a subject of much interest to medical men who visit or reside in China, and a few remarks will show the importance and necessity for the philanthropic labors of medical men, even if unconnected with Christian missions.

The practitioners of medicine are very numerous, and they occupy a position of respectability in society, similar to that accorded to physicians in more enlightened countries. They have, however, no knowledge of the structure of the human system, or of the functions of its various parts. They are also ignorant of the nature of disease, and, to a considerable extent, of the properties of remedies. They have theories on all these subjects, which are very elaborate and complicated, but which are absolutely false in almost every particular. They nevertheless apply remedies to the cure of disease to a greater extent, perhaps, than any other people in the world. The practice is, of course, empirical, and long experience has no doubt given them many medicines which are useful in certain conditions. Still, the evil effects of erroneous views are very apparent. Inert medicines are used where active remedies are called for, and powerful medicines are used where they can do no good, and often do much harm.

The department of surgery can scarcely be said to exist, beyond the application of caustics and plasters to tumors and ulcers, and of poultices to broken bones. They are entirely helpless. There is no man in all the empire who can give aid in any case of accident or disease which requires manual or instrumental interference. The inestimable benefits of operative surgery in all its branches are unknown to them, except so far as they have been derived from a few foreign physicians and the pupils instructed by them. They

are, of course, entirely without surgical instruments and all the apparatus which modern ingenuity has applied to the relief of injuries, deformities, and disease.

In a population where there are vast multitudes of sick poor, hospitals have never been established, and one can comprehend how great must be the amount of suffering in case of the destitute, or in the families of the poor, where the struggle of life is for food.

Such, then, is the condition of the most ancient and populous empire of the world. With all their civilization and refinement, with all their advancement in literature and skill in the arts, it is still a work of benevolence and love to give to them the knowledge which will secure to them the benefits of scientific medicine and surgery. While this is a work which might engage the energies of the noblest philanthropist, it is in a still higher point of view that I wish to present to you the opportunities for the exercise of your professional skill among the millions of China.

Sin in the soul and disease in the body are kindred ailments, and the one is the consequence of the other. Our blessed Savior, while providing the remedy for the one, proved his divine commission by affording relief to the other. When he sent forth his apostles, he endowed them with supernatural power, and the command was enjoined to preach the gospel, to heal the sick, cleanse the lepers, and to raise the dead.

Although this gift of the apostle is denied to the teachers of religion in these latter days, yet God in his providence has given to Christian nations a superiority in many things which appears to the heathen as little less than miraculous. And when this superiority is exhibited in the benevolent work of healing the sick and restoring sight to the blind, the better feelings of the degraded and ignorant are touched, their prejudices overcome, and the way is prepared for presenting to them the message of divine truth. Every one knows the strong attachment which people form for a skillful kind, and attentive physician. It is not strange, therefore, that the gratuitous healing of diseases (many of which are beyond the reach of their own physicians) should exert a powerful influence upon a heathen community, in favor of their benefactors and of any doctrines which they may teach.

An experience of thirty years has demonstrated the important aid rendered by medical missions to the introduction and spread

of the gospel in China, and it is only necessary to indicate the mode in which this department of the work is conducted.

During the first thirty years (from 1807 to 1837) of the labors of Protestant missionaries in China, they were not permitted to preach publicly or to distribute tracts. Near the end of this period, a hospital was established in Canton (the only place in the empire where missionaries could reside), which was soon crowded with multitudes seeking relief for their bodily sufferings. At first the work was confined to the use of means for the cure of bodily disease, but gradually and cautiously the distribution of tracts and the preaching of the gospel to the patients was commenced, and, after a time, the obstacles were so removed that services were regularly conducted on each prescribing day. The work thus commenced in many places.

Persons who reside in a hospital as in-patients receive daily instruction out of God's word. Out-patients are attended to on fixed days, and when they are assembled in the chapel, a discourse on some religious subject is delivered and tracts are distributed, after which they are received by fives or tens in the prescribing room, the case of each one examined, and suitable medicines given. It often happens that two hundred are attended to in one day, and some come from distant parts, who carry back with them more or less knowledge of Christian truth.

The opening of a hospital or dispensary has, in numerous instances, been a great assistance to missionaries in getting houses to live in, when but for this they would not be allowed to live in the neighborhood.

The occupation of new places is greatly promoted by the establishment of hospitals and dispensaries, and this will especially be the case where missionaries go to cities in the interior, where there are no foreign consuls or mercantile establishments. Hitherto missionaries have lived under the protection of foreign officials. The time has now come when they must go into the regions beyond, and occupy those large cities in the interior, where they will be more or less removed from the aid and protection to be found in the mercantile ports. In these places the presence of a medical man will be of much assistance in securing houses and the good will of the people.

The medical attendance which they will give to the families of missionaries living in the interior, and far away from such aid, is



a consideration which can not be overlooked by the societies which send their agents into a strange climate.

The ignorance of native doctors suggests the necessity of training up young men and fitting them for the intelligent discharge of the responsible duties of physicians, and this will be one of the most important departments of labor for the medical missionary.

A difficulty which has heretofore been met with, and still exists in the instruction of students, is the want of suitable text-books in the Chinese language. A beginning was made in this department some years ago by Dr. Hobson, of the London Missionary Society, who published the outlines of several branches of medicine in four volumes. Vast stores of knowledge lie hidden in the English language from the physicians of one-third of the inhabitants of the world. It will devolve upon missionary physicians to transfer this knowledge (the accumulation of centuries of toil and investigation) to the Chinese language, and in doing this an unspeakable blessing will be conferred upon multitudes of our race. Are there not many of those who are aspiring to the honors of the medical profession, who will be ambitious thus to benefit so large a portion of the human family?

I have thus briefly placed before you the opportunity which exists in China for the Christian physician to exercise his profession in the cause of humanity and benevolence, and make it auxiliary to the spread of the gospel among the heathen. Pecuniary gain may not be found in thus devoting one's life to the good of the degraded and ignorant, but the consciousness of aiding in such a cause brings a reward which neither wealth nor honor can give. Earthly ambition for fame and wealth is often, nay, generally disappointed, but those who labor for the good of their race and forsake all to follow Christ, are promised great reward in this life and tenfold in the life to come.

The time is past when the great works of Christian benevolence are to be restricted to the ministry. All have a part to perform in doing good and in reclaiming a rebellious world to the service of our divine Master. Who will step in and fill the places which need so much the skill and knowledge which you possess? You can be spared from home; you are needed in China. You may meet with trials and difficulties among the heathen, but you will not escape them at home. Let me, then, appeal to you to devote your lives and professional talents to this, the great and glorious work of giving Christianity and rational medicine to some of our

fellow-men who have hitherto dwelt in the region and shadow of death.

Those who have the light of truth must go forth and dispel the darkness which hovers over the eastern world. None possess so many advantages for taking the lead in this glorious work as the ardent, pious, self-denying physician. His skill gains for him access among barbarians where others can not go. His disinterested benevolence gives him power and influence which others can not attain. His daily administrations to the poor, the lame, the halt, and the blind, are convincing proof to the most ignorant and prejudiced that no sinister motive influences his conduct. With such elements of power for good, and with such boundless demands for the exercise of them, our profession will be false to its own honor, false to humanity, and deaf to the wants of suffering millions, if there are none found to go forth and exercise their art when untold benefits will follow their footsteps.

---

*Editors Lancet and Observer:* We read with great care and confidence the pages of that eminently scientific medical journal called *The Clinic*, because we can not see how, with its one leading editor and nine associates, it could possibly fail to be instructive. We believe it has done much good by its many wise suggestions. There can be little doubt it has prolonged the lives of the living. We know that, by an adroit use of its hypodermic syringe, it preserved even the dead body of old Peter Buffenbarger for four long years, and that, by its no less wonderful blow-pipe, it came very near impregnating a sterile old woman. But we do not believe everything that it says, as you will presently discover.

The community was somewhat startled awhile ago by several sensational notices in the newspapers of a case of hydrophobia, which occurred at the Good Samaritan Hospital. It was not calculated to allay the excitement when it was announced that the poor sufferer, Bradford, was under the treatment of no less than half a dozen different doctors. And now comes James T. Whitaker, A. M., M. D., to alarm us still more by an essay on the causes of that dreadful malady.\*

---

\**The Clinic*, Nov. 18, p. 171.

When any one takes upon himself the office of teacher, it is well if those whom he proposes to instruct have proper assurance of his capacity. In this particular instance, as a mere matter of courtesy, so common among bruisers, we are pleased to indorse Dr. Whittaker. It may be objected that he has been engaged in the practice of his profession for only about a year and a half, and that since the commencement of his student life he has seen only one case of this disease. But we are informed by him that he has heard of three others, which occurred in this city. If any one is still disposed to be skeptical, let them read the essay itself.

It has, heretofore, been a matter of common faith with the profession and the people that, in order to produce hydrophobia, it was necessary in some way, by the bite of a mad dog or otherwise, to introduce the virus of a rabid animal through a wounded or abraded surface into the system. To be sure many were bitten that did not go mad, and some went mad that were not bitten. Dr. Wood, in his *Practice of Medicine*, says: "It is asserted that persons have been attacked with hydrophobia in consequence of their having wiped their mouths with linen which had been impregnated with the saliva of a mad dog; and a case is mentioned in which the disease originated from an attempt to untie with the teeth a knot in a cord by which one of these diseased animals had been fastened. Horses, oxen, and sheep, it is said, have contracted the malady by eating the straw upon which mad dogs had lain." These, and a multitude of similar facts, have been sufficient to satisfy most people that, in those rare and seemingly exceptional cases, where the disease might be supposed to have originated spontaneously, the specific poison must in some obscure way have found entrance into the body. Not so, however, with Dr. Whittaker. He thinks that the disease often originates spontaneously. But he does not defend his position with such cogency of reason that one may not be permitted to doubt the force of his conclusions.

"May hydrophobia," he asks, "originate *de novo* in the human system?"

In support of the affirmative of this question, he argues, first, from the negative facts, thus: "Here is the body of a man who presents to close scrutiny of his entire surface no cicatrix of former wounds; this individual, questioned in his lucid moments, remembered no such accident. He had not been bitten by a dog."

Now, all this might have seemed to the minds of some quite



conclusive, and an end to the whole matter in controversy, if the essayist had not very properly added: "It is true the cicatrix of former wound may have disappeared. Such cases are abundantly recorded." And also that "his (Bradford's) mind was never clear enough since his entry (to the hospital), to have rendered his statements very reliable." Yet, after so very poor a proof as this, the doctor gives it as his judgment that the effort to refer this case to infection by contact, as also the hundreds of others recorded with similar history, is strained in the extreme, and betrays a prejudice that should not obtain in scientific investigation." (!!!)

It is a characteristic of great minds to be generous; and now, having so completely overthrown what seemed to be the settled opinion of medical men almost everywhere, but as if still indulging a weak belief that the bite of a mad dog might not be entirely agreeable, he is willing to make this amiable concession to his class. "You will not understand, however, gentlemen, that this most fell of all diseases *may never be propagated by direct injection.*"

Well, if the bite of a rabid animal is generally innoxious, and only exceptionally hazardous, then very naturally comes the question, what is the nature of the poison of hydrophobia—whence its origin, and how does it develop the disease spontaneously?

The learned lecturer answers substantially as follows: "You are all familiar," says he, "with the numerous observations and translations already quoted in *The Clinic*, showing the tendency of the most eminent, as well as the most cautious, and trustworthy observers, to refer all forms of all blood poisoning diseases to the presence in the fluids and solids of the body of vegetable and animal parasites of the lowest organization. Beale, under the high powers of the microscope, has demonstrated the existence in vaccine virus of minute particles of protoplasm, endowed with active movements. Davine has clearly shown that malignant pustule may be produced by injection into the lower animals of vibrios and bacterians. Pasteur has found that parasites destroy the silk worm of France, and Beale says that, in every part of the body of man and the higher animals, and probably from the earliest ages, and in all stages of health, vegetable germs do exist."

From facts and fancies like these, Dr. Whittaker draws the conclusion that hydrophobia may be accounted for by what is called the germ theory of disease, and flatters himself that this explains the spontaneous origin of the affection, harmonizes all the other-

wise obscure symptoms of the same or different cases, explains why some are exempt, while others are attacked, and why the period of incubation is short in one and long in another. Indeed, he might have added, it also explains, in the most satisfactory manner, why the disease is necessarily fatal. Just look at the miraculous fecundity of his germs.

According to Smith, whom he quotes approvingly: "If each spore, of one species only, of the higher fungi germinated and reproduced, the children would, in a very few days, *form a carpet all over the earth.*" But for fear that some one might object that such expressions had not quite the exactness of science, he gives us something in kind from another writer, that has all the weight and authority of things mathematical: "Davine," he says, "has calculated that a single bacterian particle would, in the course of twenty-four hours, become the parent of 4,096 such particles; after forty-eight hours, 16,777,216, and between the sixtieth and sixty-second hours, their number would attain to 71,000,000,000." (!) Now, we say this shows the inevitable fatality of the affection.

We are informed that poor Bradford died on the eighth day of his disease. The only wonder is that, with such a multiplication of vegetables in him, he lived so long.

Of course, when you have got it demonstrated that in the normal condition of the human system there are 71,000,000,000, more or less, of vegetables, all that science can require that you may account for the spontaneous origin of disease is, that you simply imagine that these microscopic growths within the body, like potatoes out of it, are subject to something like the dry rot. In this way, becoming poisonous, you see some of them produce the typhoid fever, others small-pox, or the cholera, while a few of them, at long intervals, give a fellow *rabies canina*.

But, seriously, did Bradford, or anybody else, for that matter, really die of bacterians, vibrios, or protoplasms? Dr. Whittaker shall answer for himself: "These germs," he says, "have not been found in hydrophobia. I have myself subjected the sputa of this individual, during life, to the most searching examination and failed to detect the evidence of any organized material. Yet," he adds, "*I firmly believe they were present in that specimen of saliva.*"

It is said to be a rule of logic that a thing which is not proven to exist does not exist; but a reversal of this is so common in the

medical dialectics of some gentlemen that we suppose it is thought to be a matter of no great consequence.

As Beale says that germs exist not only in man, but the higher order of animals, we suppose it is, therefore, just as likely for hydrophobia to originate *de novo* in a dog as in a man. But it is asserted by competent authority that in Berlin, where, from 1845 to 1853, no less than 278 mad animals were taken to the hospitals of the town, only four were known to be affected with the disease in 1854, when the plan of muzzling began to be in operation, and none at all from 1859 to 1861, when it was in full operation. If muzzles are such patent protectives, what becomes of your doctrine of spontaneous development?

If anything additional were needed in this particular case, we might inform Dr. Whittaker that Mr. Bradford was bitten in the streets of Aberdeen, Ohio, by a dog, which was soon afterward killed, under the belief that he was mad.

M. D.

Following the example of the editors and contributors to *The Clinic*, we beg to append a list of authorities consulted:

*Baron Munchausen.* Essay on The Probabilities of Impossibilities.

*Journal of Science, London.* Article showing "What is new is not necessarily true, and what is true is not necessarily new."

*Prof. Hornswaggle's* great work, in which he gives the observations and experiments of twenty years in the minute analysis of a fly dung.

### *Letter from Indian Territory.*

KIOWA INDIAN AGENCY, NEAR FT. SILL, INDIAN TER., }  
10 mo. 28, 1871. }

*Editors Lancet and Observer:* As I am far away from civilization, having the medical charge of 4,400 Indians, mostly Kiowas and Comanches, perhaps it would interest some of the profession to hear from me, though it be written in haste.

I feel my charge a very responsible one, and without undertaking to give in detail all that is peculiar to such a charge, suffice it to say that in their uncivilized, savage state, with all their supposed shrewdness, they are afflicted with nearly all the maladies that human flesh is heir to. And it is truly astonishing how te-



nacious they are of their peculiar superstitions and idolatrous ideas. But with all this, if they are much sick, they want the white man's medicine (*supca nitso tve pow iddeannapper*). I wish to present one peculiar case, such as I had never heard or read of.

N. W., a Delaware Indian, married; age about twenty-five years; mother of one child, a healthy boy about eight months old. During the warm weather of spring and summer she did much hard labor and her strength began to fail, her appearance becoming sallow and feeble, having epistaxis every day for three weeks, and had been under treatment all that time by what they call their big Indian medicine-man, all to no avail. She continued to fail. On the 15th day of 8th month, they brought her to my office, a distance of thirty miles; her condition very weak and wearied, and continual bleeding at the nose on being raised up in sitting posture. She would have syncope, and was as pale as death, complaining of great pain in her head, neck, and lungs. I immediately used some of Monsel's solution, with a small syringe, in the nasal cavity, by which the epistaxis ceased. I gave her brandy and laudanum, which she swallowed with great difficulty, after which she took some nourishment and had a little sleep; awoke somewhat revived, but still suffering much pain, as before. On examination, there appeared to be a large tumor formed of the soft palate, etc., closely joined to the tonsils and pressing on the tongue. It appeared to be firm, harder than the normal tissue, and highly inflamed. Night came. I applied muriated tincture of iron and simple syrup with chlorate of potassa to all the inflamed surface, and gave her brandy and laudanum. She slept most of the night. The morning of the 16th found her so she could not swallow water; her breathing strictly nasal. On examination, I found the tumor was pressing hard on the tongue, with not so much evidence of inflammation; but the mechanical inconvenience would soon result in death. I removed, by circular incision, enough of the inferior part of the tumor to admit nutrition, and immediately she coughed, and out came a maggot three-fourths of an inch in length. I never witnessed a more disagreeable odor, even from decomposing animal bodies, than had been all the time since my investigation of her case. I concluded that the maggot differed from those I had seen in the north, having never investigated them so minutely as this. It has a sharp, black head, with rings running back like the thread of a screw; the body seems firm, large in the middle, tapering to the extremities.

The Mexicans name them "screw fly." They are very troublesome among the Texas cattle. I soon introduced a small probang down about the bifurcation of the bronchia. On withdrawing the probang, she coughed up ten more maggots. I repeated the process, but no more came; then dipped the probang in the aromatic spirits of ammonia and swabbed the pharynx and posterior nares, which seemed to make the maggots crazy. They came quirling and flouncing out at her nose and mouth, accompanied with a bloody mucus, with most offensive odor. The disinfectant used was carbolic acid. With the syringe, I used the same solution of ammonia, with like success, until over fifty came away. The patient so exhausted, gave her rest and tonic stimulants, and nourishment.

17th. Repeated the process, with nearly the same result; the odor largely controlled by this time by the disinfectant; continued supporting treatment, and giving time to rest.

18th. Much sloughing of the tissue involved, especially the posterior nares and fauces, which was being discharged by vomiting; some maggots mixed with it. Some of the blood vessels ruptured, producing hemorrhage of alarming character, which was controlled by lint saturated in Monsel's solution, pressed awhile to the parts. I gave her opium and acetate of lead in full doses, continuing the brandy and laudanum. I continued my efforts to get the maggots away, until one hundred and eighty-nine live maggots came away. She passed eleven dead ones by the bowels, in the fæces, making a total of two hundred maggots, all about the same size, after which there was no more evidence of any more in her system. Hitherto she had felt them working in the tissue. The fetor had disappeared, but occasionally decomposed and sloughing tissue would be vomited up, some of which came from the region of the upper part of the lungs. At the end of three days the sloughing ceased, but a cough ensued, mostly evenings and mornings, expectorating a bloody, purulent matter, becoming less each day. Her appetite and strength improved for two weeks, so much so that she desired to return home. Seeing that she was anxious to return and could not stay longer contented, and the lesion of her lungs bid fair to be fatal, I permitted her to go, she bearing her part of the responsibility. In four or five days she reached home and viewed all her ponies (which are a great treasure for Indians) and home friends. Her cough increasing, with much expectoration, the next day she took leave of her friends and died.

I suppose that, her blood being thin, and a tendency to chlorosis with epistaxis, while sleeping in day-time, the flies blowed the nasal cavity, and the screw worms, as they merged from embryo, emigrated to the local parts involved.

I hope to hear, through the *Lancet and Observer*, from the medical profession such suggestions as would prepare the medical mind to meet such cases, and especially from those of age, who have had experience.

I have a great field of labor. Many Indians are afflicted with worms. I have had cases of tape-worms, which have been successfully removed, and other worms of the intestines that I have no name for. One kind is flat; looks like a snail; from one to two inches long, and three-eighths to half an inch wide. By treatment, about forty came from one man in an hour. By these remarks, I don't wish to convey the idea that we are all wormy here.

Very respectfully,

A. D. TOMLINSON, M. D.

### *Sustentator Uteri Perfectus.*

*Editors Lancet and Observer:* Mechanical aids, supports devised to assist nature in her efforts to regain a natural or healthy condition of diseased organs.

Much has been said and written upon the baneful effects upon the "human form divine" of "modes" and styles of wearing apparel, as well as in attitude, so persistently followed and adopted by nearly all classes, ages, and conditions of females.

All that has been said and written upon the subject by professors and scientific medical men, of the deleterious effects upon the health of all females who conform to the "modes" gotten up and introduced by persons who, seemingly, know but little and care less about the human frame, or of the miseries inflicted in violations of the laws of health.

The modes or fashions of the present day, so readily adopted, require the sacrifice of the health of its votaries in a greater or less degree. The body is distorted, the vital parts compressed, the heel of the shoe being raised to an unnatural height, resting



on a surface not much larger than a silver dime, producing in the wearer unnatural and awkward movements of the body.

The inventors and getters up of these styles cater to a vitiated taste, and without regard to the health, happiness, or virtue of their devotees, but only for the mercenary purpose of pecuniary gain. Fashion, in dress and ornaments for the person, is arbitrary, and inexorably demands compliance with its behests; the poor as well as the affluent are irresistibly drawn into its vortex, causing more suffering than happiness. Its votaries often suffer the consequences of this perversion of nature in the adoption of these "modes."

The strong desire and inclination to follow fashion, so prevalent on every hand, is alarmingly on the increase. Instead of elevating the race in the social scale of intelligent beings, it tends to demoralize and weaken the fairest portion of God's creatures, producing in them a desire to avoid assuming that most high and holy position bearing the sacred name of mother.

Out of the fashions and follies of the times has come disease and suffering, producing disease of the heart, liver, and other vital organs, prolapsus uteri and its attendant complications.

The skill of the best physicians in the land has been called into requisition in the treatment of these cases (especially that of the latter), who, though knowing the cause that produced the disease, are often baffled in their efforts to restore the outraged parts to a natural and healthy condition.

In cases of prolapsus produced from these and other causes, many mechanical contrivances have been devised to reduce and restore that organ to its proper place, and thus give relief to the suffering patient. It is true that these cases occur from causes other than those mentioned—causes over which the patient may have had no control.

The most of these mechanical supports contrived and brought into use in the treatment of prolapsed uterus have proved to be of but little use in relieving the patient or effecting a cure, often causing irritation and a greater degree of distress. After a trial, the physician pronounces them worthless, and tries other remedies, or (which is often the case) gives up the case in despair.

One of the latest, and, it appears, the most successful instruments used in the treatment of prolapsus, was invented by Dr. L. A. Babcock four or five years ago, which he calls the silver uterine supporter. Since the introduction of them to the profession, they

have been received with greater favor than any other mechanical contrivance<sup>of</sup> the kind heretofore in use.

The greater number of physicians who at first tried them, did so with some doubts of success, having failed in the trial of so many other instruments gotten up and recommended as a sure cure<sup>for</sup> these<sup>distressing</sup> cases.

Three or four years' experience in the use of Dr. Babcock's supporters has, it appears, demonstrated its utility in the recommendation of its use by a large number of physicians throughout the country—the material of which it is composed being silver, and the simple and easy method of application and adjustment, together with the principle upon which the instrument is constructed, giving at least apparent easy support to the prolapsed organ, consequently relief to the patient.

Whatever may be the causes of these distressing cases, which are so alarmingly prevalent, the writer can only suggest a preventive, as he has attempted to do, and to point to a remedy for its cure, the best known to the writer for cases that exist.

M. D.

### *Safety Mask.*

NEWAYGO, MICH., *December 11, 1871.*

*Editors Lancet and Observer:* My claim for a patent mask\* has been *allowed*.

I will briefly describe its construction and application, and you may notice it in your medical journal in any manner which your judgment may dictate.

The mask itself is made of leather or oiled silk, with glasses for vision. This affords protection from heat and all corroding vapors or gases.

The more important part by far is the successive layers of cotton, saturated first by carbolic acid and glycerine, one drachm of the former to an ounce of the latter. Next comes the layers of finely pulverized charcoal. Then, if deemed necessary, follows successive layers of cotton saturated with a solution of permanganate of potash or bromo-chloralum. I have found the carb. acid, with

\* I style it the "SAFETY MASK."

the glycerine and charcoal, equal to any test which I have yet made.

The value of the above named antiseptics is now so generally known and acknowledged by the medical profession that no argument in their favor is needed. It must act equally well in a mechanical way in arresting particles of metal, coal, and stone, from the operations of dry grinding, millstone picking, and coal mining.

Prof. Tyndall's mask of glycerine and charcoal for the protection of firemen suggested to me an extended application of the mask.

I am truly, your friend,

D. W. FLORA.

---

*Ergotine as a Hæmostatic.*—The *Bulletin General Therapeutique* quotes from the *British Medical Journal* a case of Dr. Jamieson, of Berwick, in which the subcutaneous injection of ergotine proved successful in arresting pulmonary hemorrhage on three separate occasions in a man aged forty-one. The *Bulletin General*, following Dr. Jamieson, ascribes the first idea of this excellent mode of employing ergotine as a hæmostatic to Dr. G. W. Balfour. The proposal, however, came originally from Langenbeck, of Berlin. Whenever the hemorrhage is of such a nature that it can be arrested by simple contraction of the smaller arteries, good ergotine is, when thus employed, sure to be successful; and as the subcutaneous injection into the arm, or some fleshy part, is productive of not the slightest inconvenience, it is always worthy of trial. Three to six grains are sufficient for one injection, and it may be repeated in three minutes if necessary; the action is almost instantaneous. A prepared solution may be kept in readiness with a small proportion of spirit of glycerine to preserve it.



## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

*Dr. Mussey* reported two cases, one of ileo-pubic dislocation, occurring in an old lady of sixty-five years. She was knocked down by a person falling down stairs and striking the patient on one side, throwing her upon the left side, the head of the femur lying upon the ileo-pubic symphysis, the foot lying turned out flat upon the bed; slight flexion of the leg upon the thighs; no perceptible change in the length of limb. After administering chloroform, reduced easily by manipulations.

The second case was that of a little boy four and a half years old. Had croup on the 2d of October. October 3d, performed laryngo-tracheotomy, which gave temporary relief. Patient died on the 4th.

The speaker had operated four times for croup; all have died; once for diphtheria, in a girl five and a half years old, which was successful, and once for acute laryngitis (syphilitic), which was also successful, the patient living for five years, when he died of phthisis pulmonalis.

The speaker also exhibited a fine specimen of calculus, taken by lateral operation from a man twenty-nine years old. The case was one of nine years' standing, and considerable thickening and congestion of the mucous membrane of the bladder, to relieve which suppuration was induced by stuffing the wound and keeping it open. Where there has been long and continued inflammation of the bladder, it was best to keep up suppuration. These parties should not engage in venery for considerable time after the operation, as bad results are likely to follow.

*Dr. Gobrecht* reported a case of *oblique inguinal hernia*, the result of which he thinks forcibly confirms the position he took in a discussion last winter, that white fibrous tissue is inextensible. The case had been under the care of homeopathic physicians, who

had used warm applications until the parts were much enlarged, and had the appearance of being inflamed. On being called, he used the taxis until he was exhausted, then applied cold applications, and after a time put salt with the ice, and of a sudden the hernia receded with quite a noise.

*Dr. Muscroft* reported a case of death from chloroform. The patient had been in bad health for some time, having had intermittent fever, and an old dislocation of the elbow of eighteen days' standing, for the reduction of which chloroform was given, having waited eighteen days to improve his physical condition. He died in about five minutes after commencing to take the chloroform. All the usual methods of resuscitation were resorted to, including acupuncture of the heart. Dr. M. was of the impression that death commenced at the heart, that organ becoming paralyzed.

*Dr. Dawson* was anxious to see the new method tried, by lowering the head and raising the body. He thinks what is claimed for it is extravagant. The most usual is, he believes, to die of paralysis of the heart.

Further remarks were made by Drs. Whittaker, Young, Connor, and Muscroft, all expressing the belief that, in a majority of cases, death began at the heart.

#### RUPTURE OF THE STOMACH.

*Dr. McKenzie* reported a case where violent pains came on in the abdomen. Forty-eight hours afterward collapse supervened, followed by death of the patient. Post mortem revealed a rupture of the stomach and some foreign bodies in the abdominal cavity. The doctor said :

"I have looked in vain in the literature at my disposal for a case resembling the present one. Numerous cases are reported of perforating ulcers of the stomach, but in these the first symptoms are those of collapse, while in the present instance collapse came on only after the patient had been suffering from gastric spasm for forty-eight hours. Another very peculiar feature in this case is the fact that a cherry stone and blackberry seeds were found in the peritoneal cavity. Now, this would seem to contradict the idea that the perforation occurred forty-eight hours after the spasm and vomiting set in; otherwise, how should we explain the retention of these substances, while all else taken into the stomach was instantly ejected? The explanation, I think, is this: On

account of the violent angular contractions of the muscular coat, folds were produced in the mucous membrane, in which these substances were retained; and upon the perforations and immediate cessation of the spasms, these, along with the other contents, flowed into the abdominal cavity. A very strong reason for supposing [that the perforation occurred only a few hours before death is the fact that nowhere was there found any evidence of the inflammation of the serous membrane, which would certainly have occurred had the foreign matters remained in contact with the membrane for any length of time. It is very difficult to account for the perforations, and the rents in the serous tunic. It is well known that in some cases the stomach is very much softened. The cause of this softening is not well made out. Tamnick has referred it to debility, and reports cases in the lower animals in which not only was the organ softened, but extensive, sloughing ulcers of the mucous membrane resulted in this cause."

He also quotes a case of Dr. Habershorn, published in Guy's Hospital Reports for 1855, in which several sloughing ulcers were found in the stomach of a man who had died of pneumonia, complicating Bright's disease, and in whom there were no symptoms referable to the stomach during life.

"My theory of the case which I have reported (and I acknowledge that it is not by any means entirely satisfactory, even to myself), is this: The woman had this softening of the stomach, supervening upon which, the violent gastric spasm, in the weakened condition of the organ, was sufficient to cause its rupture. Now, although the theory may not be very convincing, yet it is the most plausible which presents itself to my mind, and bears support from the remarkable linear rents in the serous coat covering the cardiac extremity. These certainly could not have been the result of any local morbid action taking place in the stomach itself, which might be advanced as sufficient to account for the perforation."

*Dr. Orr* said the theory of ulceration and consequent slough was not tenable, and that the question of debility was not to be thought of. He regarded the cherry stone, and the cherry stone only, as the cause of death. The cherry stone acted as an irritating foreign body, occasioning severe vomiting and retching, in consequence of which rupture of the stomach followed violent muscular action. Immediately following the rupture there was spontaneous



gravitation of the stone into the abdominal cavity. The slit in the stomach, the progress of the case, the violent vomiting, the ejection of everything taken into the stomach up to a certain time, and then suddenly ceasing, tend to prove the correctness of the position I have taken. Again, post mortem examination revealed no signs of inflammation of the peritoneum. Then, another fact to disprove the theory of softening and ulceration, this patient was sick only about forty-eight hours.

*Dr. Kearney* inquired whether, during the forty-eight hours, she could retain anything in the stomach, and agreed with *Dr. Orr* as to the cause of rupture, that the foreign substance was caught in the folds of the stomach, and hence the force required in its dislodgment.

*Dr. Muscroft* reported a case occurring in the St. Mary's Hospital, where, upon post mortem, was found five or six plum stones, one peach stone, cherry stones, apple peelings, and a number of other things in the stomach, which he would exhibit at the next meeting. The mucous membranes were found softened in many places, with a number of folds and pockets. He had seen two cases of perforation of the stomach from ulceration, one going on for more than a year, and the other for months.

*Dr. Mosenmeyer* said the case reported was his, and he could retain nothing on his stomach; would get better, then the trouble would return. Death occurred from starvation.

*Dr. Muscroft* moved that the subject be referred to the section on pathology. Carried.

*Dr. Muscroft* also moved that the discussion on chloroform be laid over for one week. He hoped every gentleman who had used it in obstetrical cases, surgery, etc., would give the Academy the benefit of his experience. Carried.

#### BRAIN TUMOR.

*Dr. Carson* reported the case, occurring in Cincinnati Hospital, of Eugene Bruhl, a German, thirty-three years of age, a typesetter. He had rheumatism for eight weeks, worse at night; gave no history of syphilis; defective vision in left eye since childhood; was a well-developed, well-nourished man. Three months before admission was taken with pain in head and arm; pain principally frontal; no abnormal sensation in any part of extremities, but pain in right side of face, principally along track of inferior maxillary nerve; facial paralysis of right side; no

reflex action nor electric response on that side; almost complete deafness; had old cicatrix in right groin; double optic neuritis; slight drooping left eyelid; difficult articulation and swallowing; vertigo, and unsteady gait; heart and lungs normal. Put on the use of bromide pot. first, and afterward large doses of iodid. potash, under the belief of the syphilitic origin of the disease. Average of the heart, about  $100^{\circ}$ ; intellect clear until within one week of his death, when there was stupor and drowsiness. Before his death, a swelling developed on right side of scalp, just above the ear, about two inches in diameter; no swelling was perceptible elsewhere on the scalp. Post-mortem examination showed erosion and absorption of outer surface of bone beneath the circumscribed swelling, above the ear; absorption or caries of a surface about one inch in diameter, about the middle of left parietal bone, near medium line, with penetration to the dura mater; adhesions tolerably strong at places between dura mater and inner table of skull; considerable erosion of bone in middle and posterior fossæ of bone of skull, which extended over parts of both anterior and posterior aspects of petrous portions of temporal bone; no apparent extension of the disease into interior of petrous bone. Examination of the subject was unavoidably imperfect, and therefore we could not determine what the condition of the skull on the inferior of skull-bone was. I am inclined to think that the disease of the bone was more apparent and marked in the region traversed and occupied by the seventh and fifth pairs of nerves than elsewhere, and that this may account for at least part of the symptoms. At first my own impressions were there was a neoplasm about the portions of those nerves between the bone of the brain and their exit from the bone of the skull. Latterly, the developments were more suggestive of disease of greater extent, such as the appearance of pus in the mouth.

*Dr. Comegys* reported a case of narcotism from opium, relieved by injections of  $\frac{1}{15}$  of a grain of atropine.

THE UNCERTAINTIES OF PREPARATIONS, AND THE  
UNCERTAINTIES OF PRESCRIBING.

Reported to the Cincinnati Academy of Medicine by J. S. UNZICKER, M. D.,  
Chairman of the Section on New Remedies and Pharmacy.

The uncertainty of the purity and strength of remedial agents, especially the galenical preparations and powders, is a serious inconvenience—not only to the practitioner, but also to the patient—over which they have no control, but must chiefly depend upon the druggist from whom they procure their supply.

Although medicines and drugs are inspected in their passage through the custom house, they are in most instances afterward adulterated in this country, where, unfortunately, no laws exist to punish the evil. This is a subject of vast importance, and one that should engage more of the attention of every practitioner than it usually does, because not only their success in practice depends upon it, but, what is of still greater importance, the lives of their patients.

We have a *Pharmacopœia*, revised every ten years by a convention of physicians and pharmacists. But this is not enough. Congress should adopt the *Pharmacopœia* as the standard of this country, and make it the book of law that should govern all physicians and pharmacists who practice under the regular system. It should also punish with severity all who make or sell preparations inferior to the standard of the *Pharmacopœia*, like other countries do.

To what does it amount to keep up an expensive board of health, so long as no power is granted them to prosecute manufacturers of the most villainous compounds, by which the lives and health of the people are constantly endangered?

Now that iodine has risen to more than double its former value, we may expect great adulterations among the iodine preparations, unless procured from the most reliable manufacturers. Already I have seen a specimen of iodoform containing thirty per centum impurities. If you prescribe powdered rhubarb, what do you expect to get? The wholesale price of this root ranges from \$1.25 to \$10 per pound, of which the cheaper grades are mostly sold. These are then powdered, often adulterated, and colored with turmeric to obtain a high yellow color resembling the finer qual-



ities. Such is the case with most powders from unreliable sources. For the purchase from such there is no excuse whatever, as we have in this country as good, reliable, and conscientious manufacturing chemists as can be found anywhere.

Chlorate of potash, so much prescribed at present, and of which the commercial article is dispensed in most shops, none but the chemically pure should be used; the first containing from ten to fifteen per cent. impurities, and should only be used for technical purposes, the latter having also the advantage of being more soluble.

The so-called "elixirs" have multiplied to such an extent that unless the new *Pharmacopœia* (now in preparation) will come to the rescue of the druggist by promulgating official formulæ for the same, they will require a catalogue to keep the run of them. This seems to be the age of elixirs, until something more fashionable takes their place. Very many of them do not contain what they pretend—the extractive matter of cinchona bark—but merely an infinitesimal dose of the alkaloid (cinchonine), and like the homœopathic leeches (mosquitoes), do well enough when intended to tickle the fancy of an imaginary patient, or in like cases, where our renowned predecessors used the celebrated bread pill with such remarkable success. Elixirs, like fluid extracts, have got to be a nuisance, unless made in accordance with some reliable formula, and their number greatly reduced.

#### UNCERTAINTIES OF PRESCRIBING.

Why should there be any uncertainty about this, as in the former, is hard to tell, but such is the case. Great simplicity in prescribing, and that in a legible hand, with a perfect knowledge of incompatibles, insures the most success. If a remedy is added for every symptom of the body, who can tell what the effect will be? Mr. Daniel Hanbury truly remarks: "Although more than fifty-five years have elapsed since the learned Dr. Paris placed before the medical profession his observations on the theory and art of medical combinations, it may safely be asserted that nothing has been since written on the same subject more replete with sound and accurate information." Yet every year adds to our experience. Not only are new drugs introduced, but new combinations and new forms of administration are also adopted, and the prescription of the present day differs as much in character from those that found their way to the druggist's counter half a century ago,

as do the medicines then in vogue from those which are now in use. Formulas give rise to unexpected combinations. A very interesting fact bearing on this point has been stated in the "*Journal de Pharmacie et Chimie*," by M. Melsens, who proved by experiment that "pure iodide of potassium may be administered to dogs, in considerable quantity, without injury. So may chlorate of potassa. But if both are combined in equivalent proportions will speedily prove fatal; and yet, as is well known, these salts do not, under ordinary circumstances, decompose one another." The same may be said of veratri viride if given in combination with quinine, as reported in three cases by Dr. Bradley. Sometimes potassium iodide and potassa bi. carb. are prescribed with quinine; the result is a frothy white precipitate of quinine, as might be expected.

In prescribing, nothing should be left in doubt, but plainly written, as intended. This want of care often leaves the pharmacist in the greatest perplexity. The following, as one of the specimens now and then making their appearance at the counter, will show:

R: Hyocianus, ʒj.

Sodæ bi. carb. gr. xij.

Aq. font., syr. simpl. āā ʒj. M.

Now, what was here intended, was it tincture, fluid, or solid extract? Where strychnia is prescribed in solution, it is advisable to use the sulphate, it being the most soluble, while the simple strychnia is not, although often ordered. If the latter would be used as directed, by an inexperienced compounder, it would settle at the bottom of the vial, and likely the most fatal consequences be the result.

In special cases of emergency, where it may become necessary to prescribe a strong preparation, and a much larger dose than the pharmacopœia directs, the physician ought always to make known that such was his intention, by either underlining the word, or adding the (!) exclamation point behind it. Then the pharmacist will not be left in doubt, and all uncertainty and embarrassment thereby removed, and he justified in putting up the prescription at once, which would not be the case under the supposition that it was an error.

Such is the custom in Prussia and other countries, and works well: and it is to be hoped that the same rule will be adopted in our new Pharmacopœia, now under revision. The relations of the physician and pharmacist should be frank and confidential—their interests being nearly identical, one procuring and preparing, the

other prescribing. Each should pursue the "onward and upward" course; both improve their faults; and all strive to contribute as much as possible to the advancement of science. Each should do his duty toward the other, cultivate the most friendly feeling, and discountenance all irregularities wherever found. By pursuing such a course both parties and their patients will be greatly benefited.

#### NEW REMEDIES.

*Sulphate of Nickel.* A case of obstinate neuralgia was cured by the end of one week, by half a grain, thrice daily. Its sedative action was speedily manifested in reducing the pulse and procuring sleep.—*Oregon Med. & Surg. Rep.*

*Powdered Steatite* (soapstone) was found an excellent application to the chafed skin of infants.

*Tincture Andol Andol.* Dr. R. Wylie states that during his residence in Java, he found this tincture very largely used as a vesicant. It is simply painted on the part, which had been previously washed with soap and water, and then with vinegar. It is prepared from a large, leaden-colored fly found in China.—*Australian Med. Jour.*

---

*Tetanus Successfully Treated by Hydrate of Chloral.*—Dr. W. B. Cluness reports in the April number of the *Pacific Medical and Surgical Journal*, a case of tetanus in which recovery followed the use of chloral. The disease was at first thought to be idiopathic, the symptoms having occurred shortly after the patient, who was perspiring and exhausted at the time, had taken a cold bath; but, upon careful examination, a ragged looking sore, fully an inch in length, was found on the third finger of the left hand. After he had taken his third dose of eight grains, "the spasmodic contractions had, for a brief period, nearly ceased, and the tonic rigidity of the whole muscular system became perceptibly relaxed." Sleep was also produced by it, and the pulse fell from 128 to 88. The symptoms, upon their return, were again relieved, and the disease apparently was under the control of the remedy.—*Medical Times.*



## Selections.

### *Comparative Merits of Lymph and the Dry Crust in Vaccination.*

Read before the Baltimore Medical Association, by John Morris, M. D.—The great difference that exists in the views and practice of the profession in this country and England, in regard to the proper plan of vaccination, has not heretofore been a subject of investigation, nor has it excited the interest which, in our judgment, it justly merits. It is time that this matter should receive the attention of the profession, and our English brethren, in view of the dreadful epidemic of small-pox which has for the past two years ravaged their kingdom, would do well to make it a subject of inquiry, and see if there be not some defects in their present system of vaccination, which may be remedied. At the outset, it may be premised as a fixed fact that a true vaccination is a certain preventive of variola, and that an outbreak of small-pox can only spring from defective or imperfect vaccination. No medical man of education and experience doubts this proposition. This being admitted, it becomes our duty to see that the fullest extent of protection is secured to the community by the employment of the best and surest means of vaccination.

There are three forms of vaccination at present employed: 1. Animal vaccination; that is, with virus taken directly from the heifer. 2. Human vaccination, as practiced in Europe, in the form of fresh lymph taken from the vaccine vesicle, at an early stage of its development. 3. Human vaccination as practiced in the United States; that is, with virus taken from the dry pustule or crust.

As it is our purpose in this paper to discuss only the question of vaccination by liquid lymph and the dry crust, we shall say nothing in regard to animal vaccination. The thorough examination of its merits and demerits, brought about by the late epidemic of small-pox in Europe, has given every one an opportunity of judging of its efficacy or usefulness. (We may, however, remark, *en passant*, that in this country it has gained no new adherents.) The two forms of human vaccination, then, are only to be compared and discussed. Our own experience favors the employment

of the dry crust, as practiced in this country, for reasons hereafter to be adduced.

It is not generally known that there is a very marked difference in the character of the disease produced by the two forms of vaccination, so marked as at once to enforce the most earnest inquiry. The stages of the vaccination are entirely different in the two modes, and the growth of the vesicle and the period of maturation are entirely dissimilar. In vaccination with liquid lymph, the vesicle begins to form on the third or fourth day, and the areola on the fifth or sixth day; in vaccination with the crust, the vesicle does not commence to form before the seventh or eighth day, and the only evidence to be discovered before that time of the virus having taken is a few small inflammatory points, which make their appearance about the fifth, sixth, or seventh day. (The later these points begin to show, the better and more effective is the vaccination.) A careful observation of two vesicles produced by the two methods of inoculation will demonstrate that the pustule produced from the dry crust possesses different elements of action, and yields different physiological results. In vaccination with the dry crust, the vesicle does not begin to form, as already stated, before the seventh or eighth day, when constitutional symptoms first become manifest. These symptoms are more general and better marked, though the local irritation is not greater than in vaccination by lymph. The true characteristic areolar test is always to be discovered when the crust is used, but in the case of lymph, particularly when it is taken from the arm at a very early stage, it is not always to be found, a starved, over-inflamed vesicle taking its place. The maturation, too, of the vesicle is different. In vaccination by lymph, the pustule dries and falls off about the fourteenth or fifteenth day or earlier; whereas, with the crust this does not usually take place before the twentieth or twenty-first day, and then frequently the crust has to be removed by the operator. The cicatrix, too, is different in the two forms, and this is important, for its distinctive marks are always held as a guide to and test of a true vaccination. When the crust is used, we have a deep, cup-like, foretated, indented cicatrix; when lymph is employed, the indentation is superficial, and the other test-marks frequently wanting.

Having thus stated the differences observable in the two forms of vaccination, we now proceed to give the reasons for our preference for the dry crust.

1. In vaccinations with the crust, particularly if done by scarification, failures are infrequent, indeed, exceptional; whereas, with lymph they are exceedingly common, as any one who has read the English medical journals for the past two years can not have failed to discover.

2. Lymph virus deteriorates more readily and is not so easily kept as the crust. Dry lymph, when used from tubes or on points, almost invariably fails. There can be no doubt about the deterioration of lymph. Dr. Short, the superintendent of the Madras Presidency, in an article in the "*Madras Journal of Medical Science*," says that this fact is evidenced by the more rapid course of the vesicles and the occurrence of extensive local irritation.

3. Lymph taken from the arm at an early stage of the vaccine disease, before fever has set in or constitutional symptoms have fully manifested themselves, does not contain those morbid elements necessary to protect the system from variola; whereas, in the dry crust these elements are found in an active and concentrated form. If this view be correct, it affords an explanation of the failure of the English system of vaccination. They take lymph from the arm before the areola commences to form, indeed, frequently as early as the fourth or fifth day. Dr. Hovell, in a late number of the *Lancet*, says the earlier the period the better; and in the instructions published by the Lords of Her Majesty's Privy Council, for the guidance of the profession, we find the following clauses: "7. Take lymph on the day week after vaccination, at the stage when the vesicles are fully formed and plump, but when there is no perceptible commencement of areola." Clause "8. Consider that your lymph ought to be changed, if your cases, at the usual time of inspection, on the day week after vaccination, have not, as a rule, their vesicles entirely free from areola." Here, then, the old-fashioned, much-prized areolar test, to which Jenner himself attached so much importance, is not only ignored but condemned, and a vesicle selected about the character of which there can be no certainty. In Paris, the employment of lymph furnished by M. Lanoix, during the late epidemic, proved almost an absolute failure, and even pure animal lymph was unsuccessful in twelve of thirteen cases vaccinated by Dr. Constantine Paul, at Hopital Beaujon.

4. Sequelæ of an unpleasant character frequently follow lymph vaccination; whereas, with the crust they are exceptional. In three thousand cases of vaccination by the crust, in our own prac-



tice, only one single case of local irritation of an unpleasant character occurred. This point is not sufficiently regarded. Evidences of an unhealthy condition of the vaccinefer's system can be readily detected by a careful examination of the growth and maturation of the pustule; but where lymph is taken from the arm at an early day, no such evidences can possibly be diagnosed.

5. Vaccination by lymph does not protect the patient, but necessitates a re-vaccination; whereas, a true vaccination by the crust affords thorough protection. In a late number of the *Lancet*, the editor says that re-vaccination is urgently necessary; and Mr. Marson reports that in the last six months, out of 751 cases admitted to the Small-pox Hospital, 618, or 82 per cent., were in vaccinated persons. We are convinced that no such result could follow in this country. Vaccination here, in our judgment, affords as much protection as variola itself.

The reasons that have been urged against the employment of the crust are very trivial. The theory that blood may be taken up and constitutional diseases propagated by its use, as suggested by Dr. Anstie, is entirely groundless, as is also his view in regard to the danger of the pus.

Dr. Blanc's arguments in favor of animal vaccination, and the reasons he urges for the use of lymph from the heifer, in preference to human lymph, do not apply to the crust. None of the evils he attributes to human vaccination are to be found in the American mode; but as animal vaccination itself has proved in some degree a failure, and has, at times, some unpleasant consequences attendant upon its use, we can not accept it in lieu of the crust, which has proved so generally serviceable in this country. It may possess advantages over human lymph, but the crust is superior to both. In the slight epidemics of small-pox that have visited our city, it is usually the Germans and Irish, vaccinated in the European mode, who are the sufferers; and though there is a great deal of careless vaccination practiced in the United States, we suffer greatly less than the people of Europe from invasions of small-pox.

One word, in conclusion, in regard to the number of punctures or vesicles necessary to protect the patient. In Europe three or four are usually made, but with us one is found to be sufficient. From it we get all the constitutional effect necessary, without any undue local irritation. Jenner and his followers made but one puncture, and we are content to abide by the decision and practice of the early fathers.—*Baltimore Medical Journal and Bulletin*.

*On Vaccination and Re-Vaccination of Pregnant Women.*—The question has frequently been put to Dr. Barnes, Is it right to vaccinate pregnant women? Some persons seem to entertain the apprehension that pregnant women incur special and serious risks under vaccination. To justify exceptional neglect of vaccination in their case, it ought to be shown, not only what this special risk is, but also that it is more serious than the risk incurred by the women themselves by taking small-pox, and thus of propagating the disease to others. The community as well as the pregnant women must be considered.

To make out, then, a case for special exemption, it ought to be shown that the pregnant woman incurs a particular danger. Where is the evidence of this? Dr. Meigs says: "Do not vaccinate women when pregnant. I have been the witness of dreadful distress from the operation. Eschew it, I entreat you." Dr. Barnes fears there is some confusion in the matter. His own experience has supplied him with many illustrations which warrant the following propositions:

1. Pregnant women living under epidemic or zymotic influences are more prone to take the prevalent morbid poison than others.
2. Having taken a morbid poison, they are less able to throw it off.
3. Their system is less able to resist its injurious action. Abortion and a most dangerous form of puerperal fever are very likely to follow.

Dr. Barnes thinks we may conclude, in the absence of decisive evidence of special danger, that pregnant women are entitled to equal protection against small-pox with the rest of the community; and that vaccination or re-vaccination should be practiced on pregnant women, in their own interest, as well as in that of the community of which they form a part.—*British Medical Journal*.

*Use of Iodoform.*—The use of this compound, first brought prominently into notice by Bouchardat, is now employed extensively, not only for glandular enlargements, but, also, owing to its anæsthetic properties, in skin diseases accompanied with intense pruritus. Its odor is much more agreeable than that of chloroform, resembling that of saffron. Moretin and Humbert recommend it for internal use as possessing all the advantages of iodine, of which it contains 90 per cent, without any of its inconveniences. It exercises upon the sphincters a local anæsthetic effect so

powerful, that defecation is sometimes performed unconsciously after its use; it therefore forms an admirable suppository in cases of hæmorrhoids, etc. Moutre's formula is, iodoform, powdered, 20 grains; cocoa butter, one ounce; melt, mix, and divide into six suppositories. For frictions, the ointment is used in the strength of one drachm to the ounce of simple ointment.—*Medical Times and Gazette*.

*Cæsarean Section after the Death of the Mother, with the Preservation of the Child.* By M. Moliniere, Interne of Necker Hospital, Paris.

Rosalie B., lacemaker, aged 25, entered the Necker Hospital, ward St. Eulalie, No. 22, August 29, 1868. At the moment of her entrance, she could hardly respond vaguely to questions that were addressed to her. She said that she had been suffering for ten days only. She complained of pain in the belly, had a slight cough, frequent diarrhœa, had no eruption on the abdomen—was pregnant, and in the ninth month. Since the commencement of her pregnancy she had had many attacks of convulsions. Eight days after her admission, she had an attack followed by four or five others. These attacks, according to the report of the Sister of Charity, were very violent and resembled epilepsy; the patient was in a state of complete insensibility, and had fallen from her bed repeatedly. The urine had been frequently examined, but no albumen had been discovered.

The 9th of September, she had a final attack, and died half an hour afterward. The operation should have been performed by my colleague, A. Hybord, interne of the ward, but he was absent, and I being on duty it devolved on me.

Some minutes after death, I incised the abdomen, layer by layer, in the median line, until I arrived at the bag of water, which I opened in the director. The child did not present any sign of life. I made insufflation, mouth to mouth, and also artificial respiration for some time without success. We continued to make artificial respiration, and rubbed the fauces with a feather. It seemed that the child breathed, and soon we had the happiness of hearing it cry. It was a girl, very strong and well formed; she continued to live and was baptized. At the end of some days she was sent to the foundling asylum.—*L'Abeille Medicale*, Oct. 14, from *Gazette des Hopitaux*.



*Treatment of Ovaritis.*—Dr. J. Matthews Duncan divides ovaritis into acute and chronic. The acute form may end simply by resolution, or its termination may be complicated by perioophoric adhesions or abscess, or true ovarian abscess, or it may end in the chronic form of the disease. Chronic ovaritis may last for many years without the organ becoming fixed by adhesions, and without suppuration in its substance or in its immediate neighborhood. One ovary only may be affected on both sides, and the disease may be limited to one or attack both alternately. The left ovary, he thinks he has observed, is more frequently the seat of disease than the right. He has seen it enlarged to at least three times its ordinary dimensions. The symptoms cognizable by the practitioner are sensitiveness, tenderness, degrees of hardness, enlargement, roughness of surface, and change of position. Ovaritis is frequently caused by the conditions of recent marriage, or may be produced by suppression of the menses from cold or other causes; it is often observed as a consequence of gonorrhea; it occurs frequently during convalescence from abortion. It is less common after delivery at the full time. It is observed frequently after operations on the uterus, such as metrotomy and other dilatation of the cervix, and it is frequently found in cases where no evident cause can be assigned to it. Ovaritis occasions pain which may be either slight or severe, acute or dull, in the region of the ovary, groins, back, sacrum, or down the thighs. It is not necessarily accompanied by suppression, or even any diminution, of the lochia or of the catamenial flow, nor by menorrhagia, though these symptoms may occur. Dr. Duncan does not believe that ovaritis is inconsistent with fertility, though it no doubt is a frequent cause of sterility. A woman suffering from ovaritis, acute or chronic, can rarely submit to sexual connection, on account of the pain it inflicts. Patients suffering from ovaritis often quickly assume evident outward appearances of depraved health, the dull eye, the pasty face, pallor and anæmic look. Ovaritis is only to be made out exactly by a physical examination, the details of which are fully given in Dr. Duncan's paper. The prognosis should always be very guarded; for although many cases mend rapidly, many are very tedious. In the treatment the invaluable condition of rest of the affected organ can not be maintained, the ovarian congestion attendant upon the maturation and bursting of a Graafian follicle coming to undo all that treatment may have effected. In chronic cases two, three, or four leeches

may be applied through a glass speculum to the cervix uteri, and the bleeding from the leech-bites encouraged, if need be, by hot fomentation to the vulva. In some cases it may be preferred to apply a larger number of leeches over the inguinal canal. As in other chronic inflammations counter-irritation is here often useful. It is best effected by applying the irritant over the inguinal canal adjacent to the affected gland. A small extent of counter-irritation, say about two inches square, is sufficient. It may be produced by a croton oil liniment or antimonial ointment, or by keeping a blistered surface from healing. Instead of these forms of counter-irritation a seton may be used. The regulation of the bowels is important, and for this purpose the gentle salines are best adapted. Some patients derive advantage from the use of mineral waters, such as those of Kreuznach; others receive benefit from the waters of Homburg or of Kissingen. Iodine, bromine, and mercury may be used with all the care that is exercised in the administration of these remedies; in other chronic inflammations Dr. Duncan does not think the arrestment of leucorrhœa, especially by speculum and caustic, desirable, at least in an early part of the course of a case, and he has little doubt that this kind of treatment is occasionally a cause of ovaritis.—*Edinburgh Medical Journal*, Sept. 1871.

*Treatment of Hooping Cough with Compressed Air.*—Dr. Freud observes that hooping cough was well described by Willis in 1682, that it is probably contagious, and that the probable carrier of the contagion is the expectorated mucus. Many pathologists admit lesion of the pneumogastric nerve as a cause of the disease, because it has sometimes been found reddened. He considers the division of the stages of the disease into the precursory or catarrhal, the convulsive and the convalescent, to be advantageous. No treatment has hitherto been found materially to shorten the duration of an attack, though belladonna, opium, extract of hemp, hyoseyamus, lactuca, pulsatilla, moschus, castoreum, cochineal, emetics, and metallic antispasmodics have been tried; change of air, however, proves of service. Inhalations of the gases in special chambers have been recommended, and were stated to have been very effective, but have now almost become obsolete. More recently chloral hydrate and peroxide of hydrogen have been employed. Now, however, the effects of compressed air are stated by M. Freud to be a valuable method of treatment. It was first recommended by M. Bertin, of Montpellier, and then by Dr. Sandahl, of Stockholm, who reports no less than 102 cases rapidly cured by this means. M. Freud has also tried it and obtained extremely favorable results from its use.—*See Virchow's Jashresbericht Jahrgang, 5, Band ii., Heft 1, p. 128.*

## Editorial.

*Another Volume* of the LANCET AND OBSERVER begins with the present number. We have so often expressed our thanks and gratitude to our friends for their courtesies in the past that we have no words for the present, except to repeat those acknowledgments. Most certainly we echo the good words of the season, and wish our friends one and all a happy new year in the fullest and completest meaning of these pleasant words—not mere happiness, but the comfort and satisfaction that comes from well-doing and honorable conduct in professional duty.

Once more we remind our friends that this journal of medicine is an individual enterprise, and for the success it has enjoyed is absolutely dependent on the care and patronage of the profession at large. It has no college or other capital upon which to depend, and for all this we are thankful. The editor happens to hold a college position—but his college confreres are in no way responsible, pecuniarily or otherwise, for the support and maintenance of its life. We point with gratification to the successive numbers of the last volume; not what we should like to make the journal—we shall perhaps never reach our editorial ideal—but yet a complete volume, full of excellent articles, and as we believe fully representing the progress and contributions made to the practical ideas of medicine. So, too, we point to the large list of contributors whose labors have enriched our pages, with pride, showing a list of prominent physicians all over the country, who have for the time—many of them for a long time—been our co-laborers.

We think, then, we can modestly ask a continuance of regard, and trust that in every vicinity our old subscribers will honor us by a reasonable effort to largely extend our circulation, and thus make to the journal its most gratifying new-year's gift.

*Summer Teaching.*—Supplementary to the regular winter course of instruction in the Miami Medical College, the usual spring course of lectures and demonstrations will be given. This course will be both didactic and practical, and practitioners as well as students will find it profitable. The plan will be very nearly the



same pursued with so much satisfaction for several years past, and the corps of teachers are nearly the same; a few changes have been made, which will be noted below. The course will begin about the middle of March and continue three months. The *clinical advantages* for those interested in diseases of the eye are unsurpassed, as Drs. Williams and Ayres hold a daily clinic for these cases at the college.

Dr. Kearney will give a clinical course on surgery at the dispensary, illustrated on the cadavre.

Dr. Mackenzie will in like manner use the cases at the dispensary to give a full course on the physical examination and diseases of the chest.

Dr. O. D. Norton is added to the corps, and will give a practical course on minor surgery and dressings.

All students who have matriculated in the regular course are admitted without extra fee; otherwise the fee is \$20.

The following is the list of gentlemen who will contribute to the teaching of the spring course of lectures:

Prof. Williams.....	Diseases of the eye.
Prof. Stevens.....	Diseases of women.
Prof. Taylor.....	Diseases of children.
Prof. Clendenin.....	Public hygiene.
Dr. Thomas Kearney.....	Clinical surgery, with operations.
Dr. J. C. Mackenzie.....	Clinical diseases of the chest.
Dr. J. L. Cilley.....	Anatomy.
Dr. S. J. F. Miller.....	Obstetrics.
Dr. C. P. Judkins.....	Veneral diseases.
Dr. Geo. E. Walton.....	Materia medica.
Dr. O. D. Norton.....	Minor surgery, dressings, etc.

*Butler's Publications.*—We have received from Dr. Butler a new edition of *Napheys' Modern Therapeutics*. As the favorable appreciation of the profession has been so marked as to call for this third and improved edition, we scarcely feel called to say more, except that in the author's preface he announces as in preparation a companion volume on *Surgical Therapeutics*. The physician's *Pocket Record* is received. It is very complete as a visiting list, and differs from most "pocket records" in being adapted alike for any year. *The Physician's Annual* is a new enterprise by our friends, edited by Drs. Butler and Napheys—contains the usual calendar, and a great variety of information useful to the physician, such as

lists of all the medical colleges in the country ; their fees and officers ; the medical societies of the several states ; time and place of meeting and location ; a list of most of the local societies and secretaries ; medical journals, etc., etc. The price of this annual is fifty cents.

*The Cincinnati College of Pharmacy.*—We are pleased to notice the organization of a Pharmaceutical School in this city on such basis as has already ensured its accomplished success. The school is now in operation, with nearly forty students. The Faculty consists of E. S. Wayne, Professor of Pharmacy and Materia Medica ; J. F. Judge, M. D., Chemistry ; F. H. Renz, Botany ; and Adolphus Fennel, Analytical Chemistry.

The lectures are given in the rooms of the College of Pharmacy, in the old "College Building," on Walnut street. The fees are : Matriculation, \$5 ; professor's tickets, \$10 each ; graduation, \$10 ; and on these rates there is a reduction on this first course of fifty per cent.

At a recent meeting of the College, the following officers were elected : President, E. S. Wayne ; Vice-Presidents, J. F. Judge and A. Fennel ; Recording Secretary, J. M. Ayres ; Corresponding Secretary, A. J. Tully.

We have had frequent occasions to note the improvements in taste and culture of the pharmacutists of our city, and we regard this movement as one long needed, and which will still further give character to our friends of the "prescription case."

*A Nasal Douche.*—Dr. M. F. Potter, of Kanesville, Ill., has introduced to the notice of the profession a new douche, which seems to be convenient of application and use in the treatment of this troublesome affection. We give herewith an illustration of the apparatus, which is quite simple of construction, and append the doctor's description :



"Potter's Portable Nasal Douche consists of an India rubber

tube, four feet long, with an elastic suction nasal plug attaches, which, by its expansion, after pressure between the fingers, created a flow of liquid from an elevated reservoir, through the syphon tube into the nose, the index finger acting as a valve. It can be attached to any common bottle in an instant; and when not in use, can be folded up and carried in the pocket as easily as a snuff-box. Admirable also for cleansing the eye and ear, irrigating wounds, etc.

"Sent by mail to any address in the United States, postage paid, on the receipt of \$1.75.

"Address,

MERRITT F. POTTER, M. D.,  
"Kanesville, Kane county, Illinois."

*Empiricism.*—It matters not how the following letter came into our hands. We vouch for its genuineness. As it explains itself we need only to say that it was written by a practicing physician of our neighboring county of Preble to the proprietor of a patent medicine. We publish it to show what ignoramuses are permitted to tamper with the lives of people, under the garb of "physicians," and to give some insight into the manner in which many patent nostrums get their certificates of recommendation from so-called doctors. We print the letter *verbatim et literatim*, only omitting the name of the writer:

Aug 3d 1871

Mr \_\_\_\_\_

Dear Sir I have purchased two of your Botles of venigar Iridine and after Analizeing it thourly with Abenrade Preludremen found it to Be Perfectly inacent in all its medacle properties and I imidiately Intradusce it in to my practis for Acur for Congestive Chills typhoid feaver Inflammatory Rhumatism for Debilaty of the ovury of the Lungs, Disorganiser Gall and many other defacultes and pronounce it the greatest Remady west of the Rocky mountains I now Aply for a jeneral agency for preble Co and mongomery I have bin Practising in the vicinity of Lewis burg for 20 year and Beleive I Can use and sell more of it than Any 3 men any where

Adress Lewis Burg

Preble Co

Ohio

if you want Recomendation Send me word and you shal have it to your hearts Content



If you Express me Any of your Send it to sonora Preble Co Ohio in the Care of Daniel wikle to Be Left at sam Williamsons grosary in Lewis Burg as soon as I Receive the med your money shall Be Registered the next day Doct ——— Lewis Burg Preble Co Ohio.

you Can Rite to the post master Concerning my Carictor and vorasity and whether I will Doe to trust with an agency of that Kind it is not worth your whil to send me Less than 5 or 6 doz at A time that many want Last me more than one or two weeks if I Can git any Send Soon I have had 2 Call for the medacen Since I Comenced Riting this leter I have Bought up all in the Circle of my practis and will have none Against saterday night It is doing meracle in my hands. your truly

Doct ——— [M D]

Profes in obstitrics

I will send you all the maraclous cure that it makes in my hands if it Continues to doe what it has done I Can Recomend it as high and spraid its fame as far as any other Person I think.

*Condurango*.—A circular, headed "Fluid Extract of Condurango," and containing quotations from an article in a former number of this *Journal*, forces us to notice the unsavory methods by which the gentlemen concerned in its manufacture are seeking to stimulate the sale of this new and (judging from the testimony of others than interested parties) probably worthless remedy.

The circular in question begins by furnishing us with the reasons which inspire the eminent philanthropists who offer it for sale, "to make known all the facts connected with its discovery." "*Condurango*," it poetically informs us, "has already, by its wonderful effects, manifested its title to a place among the names which have pleasant memories clustering around them; memories of happy sunlight restored to homes over whose thresholds the shadow of death was creeping in that horrible shape, cancer. . . . On the fertile slopes of the grand old Andes Mountains. . . . close by the original home of the cinchona, is the birthplace of condurango." It seems that "there is a tradition among the natives of the region, that an Indian woman unintentionally cured her husband, who suffered from a painful cancer" (we are not told whether said natives were at the time acquainted with Dr. Speir's paper on the diagnosis of the disease), "by giving

him to drink bowlsful of the decoction of condurango" (we trust that one hundred dollars per pound is not the habitual price of the plant upon "the fertile slopes of the grand old Andes Mountains"), "believing and hoping it would prove fatal." Strange to say (possibly on account of its exorbitant price), there does not appear to have been a great rush on the part of the cancerously-affected for the precious remedy in the land where the condurango-vine twineth. But there comes upon the stage a governor "whose heart is brimful of charity, and his life of good deeds." This gentleman cures a negro in six weeks of a foul ulcer, with condurango. He thereupon goes to Quito, taking some of the vine with him, and the cures there wrought in the hospital first called the attention of the President of the republic to another source of revenue to his government (*sic*), and blessing to mankind. We are thus prepared to understand the resolve to send some of the plant, with description of its virtues, to the capital cities of the principal countries in Europe and America. To convince the skeptical, quotations are furnished from an article published in this *Journal*, and written by one of the present manufacturing firm of Bliss, Keene & Co. An extract from a letter, written by the Vice-President of the United States, informs us with statesmanlike precision: "You can tell your friends when they obtain it" (the condurango), "that on the fourth day they will notice an improvement, and that by the ninth day they will see for themselves that the cancer is going away;" and again, Dr. Keene furnishes us with the assurance that, during a three months' residence in Ecuador, he succeeded, by actual experiment upon twenty cases of syphilis, and other chronic diseases, in substantiating the official reports, etc. Dr. Bliss is further rather vaguely represented as continuing to treat with uniform success (!) a few cases of cancer that came under his observation. It seems, however, that there are some doubting Thomases who discredit this disinterested testimony. They are thus handsomely rebuked: "Articles have from time to time appeared in newspapers and journals, written by medical men, condemning condurango as worthless. . . . The articles thus referred to were not dictated by a desire to place in the hands of suffering humanity the only means for their relief, but by that spirit which is ever clogging the wheels of progress, and crying, 'Wait, wait,' until the golden opportunity" (for Bliss, Keene & Co.?) "is lost." The usual testimonials follow. The Hon. Rumsey Wing says: "Only last night I was informed, from the most

eminent sources in the land" (Ecuador), "that some of the cures performed were truly miraculous." The inevitable clergyman, whose presence in spermatorrhea pamphlets we all are familiar with, adds his cautious mite of evidence. His wife's cancer appears to be very gradually yielding to the remedy. The other testimonials are of equal value.

We think the writer of the circular is guilty of injustice, in speaking of condurango as the "only means of relief." "What a blessing," said a bright little lady of our acquaintance to a gentleman, whose wife was dying of uterine cancer, "to know that she can be cured with cranberry-juice and dock-leaves!" Again, in a village of fifteen hundred inhabitants, where the writer occasionally spends a few days in summer, there lives a "doctor," who has already drawn over sixty cancers up by the roots, from the tissues of various respected members of that tainted community! Surely condurango has its rivals.

We shall be happy to receive further evidence regarding the properties of the new remedy, but must insist, in future, that it be furnished by some one in nowise interested in its sale or manufacture.—*New York Medical Journal*.

*Appointments and Changes.*—Dr. Headland, senior physician to the Charing-Cross Hospital, London, has been elected to the professorship of Medicine, left vacant by the death of Dr. Hyde Salter. Dr. Headland is succeeded in the chair of Materia Medica by Dr. Douglass Powell. Dr. G. W. Davidson has been chosen Professor of Comparative Anatomy in the Royal Veterinary College, Edinburgh. Dr. Alleyne Nicholson, late Lecturer on Natural History in the Edinburgh Medical School, has been appointed Professor of Natural History in the University of Toronto—the position left vacant by the death of Prof. Hincks. M. Nelaton has announced his intention of residing permanently in England. Prof. Kursten, of Vienna, who made himself so obnoxious by the severity of his examinations in botany, has been suspended from the performance of his functions. Dr. A. P. Lankford succeeds Dr. Paul F. Eve in the chair of Principles of Surgery and Topographical Anatomy in the Missouri Medical College. In the New Hampshire Medical College, Dr. E. E. Phelps takes the chair of General Pathology, and Dr. E. P. Frost that of Theory and Practice. At a recent meeting of the Board of Trustees of the Massachusetts General Hospital, Dr. H. P. Quincy was appointed artist of the institution.



## Reviews and Notices.

*A Hand-Book on Therapeutics.* By SYDNEY RINGER, M. D., Professor of Therapeutics in University College, etc. New York: Wm. Wood & Co.

The work before us seems rather a collection of practical essays on therapeutical topics than a systematic treatise or text-book; hence it will serve a useful purpose to the student or practitioner as a book of reference upon special subjects, but will scarcely prove of any utility or convenience to the student. It follows no apparent order or plan in presenting its matter; it is neither based upon any classification of the materia medica, or upon even the regular alphabetical order. Hence, as we have said, it is to be accepted as a collection of clever essays, but not adapted to the wants of the student.

For sale by Robert Clarke & Co. Price, \$3.50.

*Transactions of the American Medical Associations, 1871. Vol. XXII.*

The volume of Transactions for the past year is at length at hand. It is the smallest volume that has as yet been published—though we can not urge that as an objection, as we had heretofore had occasion to criticise the amount of immature material that has served only to swell the bulk of the volume without adding much value.

We find a number of excellent reports and papers presented. The two prize essays given deserve the award: 1. "On the Chemical Constitution of the Bile," by Dr. E. R. Taylor, of California; and, 2. "The Direct Method of Artificial Respiration," by Dr. B. Howard, of New York. Dr. Howard's essay is illustrated so as to render it of special interest and instruction. Dr. Eve gives his synopsis of one hundred cases of lithotomy, lithotrity, etc. Other reports are valuable, and, altogether, we judge the repute of the Transactions is very well sustained.

*A Treatise on Human Physiology:* Designed for the use of Students and Practitioners of Medicine. By JOHN C. DALTON, M. D.,

Professor of Physiology and Hygiene, in the College of Physicians and Surgeons, New York. Fifth edition, revised and enlarged, with two hundred and eighty-four illustrations. Philadelphia: Henry C. Lea, 1871.

We think we may safely say that just now no text-book extant, on physiology, is more highly appreciated than Dr. Dalton's, and this is mainly confirmed by the steady demand for it, now calling for this fifth edition. In the steady advance which all the natural sciences are making, physiology has not been in the background, and hence, even in the day of our author, he has found it necessary to remodel many things, so that his work of to-day is very clearly in advance of a few years ago.

In his preface, the author tells us that in the present edition, "new facts from whatever source, if fully established, have been added and incorporated with the results of previous investigation. A number of new illustrations have been introduced, and a few of the older ones, which seemed to be no longer useful, have been omitted." We are very sure these changes will render the work, as heretofore, "a faithful exponent of the actual condition of physiological science."

For sale by Robert Clarke & Co. Price, \$6.25.

*The Principles and Practice of Surgery.* By JOHN ASHURST, JR., M. D., Surgeon to the Episcopal Hospital, etc. (Philadelphia.) Illustrated by five hundred and thirty-three engravings on wood. Philadelphia: Henry C. Lea, 1871.

Although the author of this new work on surgery states his object, to furnish "a condensed but comprehensive discussion of the modes of practice now generally employed in the treatment of surgical affections," yet he has succeeded in furnishing us a well-filled volume of about one thousand closely printed pages. With a somewhat hurried examination, we are pleased with the book. Of course he has not attempted to travel out of the arrangement of standard authors—an arrangement, indeed, which can scarcely be greatly improved. And while Dr. Ashurst frankly gives credit to the labors of other surgical authorities in the preparation of his work, he very properly claims credit himself for something more than being a mere compiler. "The modes of treatment recommended, are, in almost all instances, such as have proved satisfactory in his own hands in the course of a not very limited hospital experience." The style is clear and expressive, and the illustrations are

abundant and satisfactory. We are further pleased to notice that many of the new operations and surgical appliances are presented with suitable illustrations. A very copious index completes the volume and adds to its value and great convenience as a work of surgical reference.

For sale by Robert Clarke & Co. price, \$7.

*On the Treatment of Pulmonary Consumption.* By JAMES HENRY BENNETT, M. D., Member of the Royal College of Physicians, London, etc. "*Medio tutissimus ibis*" *ovia*. Second edition. New York: D. Appleton & Co., 1872.

This interesting little book is the second edition of an essay first published in 1866. In the first edition no effort was made to present doctrinal opinions, but simply a group of clinical material illustrating the value of hygienic treatment. In this new edition the book has been somewhat elaborated, and a discussion is indulged in as to the histological features of consumption. Alluding to the new doctrines of chronic pneumonia, as taught by Virchow and Neimeyer, he is rather disposed to receive them with doubt and fall back upon the doctrine of a distinct tubercular origin. And for these views he gives his clinical experience as the support.

Briefly, then, Dr. Bennett's book treats, in a very pleasant way, all the hygienic aspects of consumption, the influence of climate, food, exercise, as also of the medicinal treatment. In regard to stimulants, he advocates the moderate use, with the food, of wine or bitter beer, but thinks the American custom of using large quantities of spirits—as whisky—is at least of no advantage, and in many cases detrimental. Such is becoming the judgment of many of our American practitioners. Our author puts himself very clearly on the record in favor of the therapeutic value of cod-liver oil.

We think our readers will find this book, though brief, well worthy of attention and pleasant of perusal.

*Ninth Annual Report of the Pekin Hospital for 1870.*

Some friend has placed us under obligation by sending us this report. The Pekin Hospital is in connection with the London Missionary Society, and, as has been usually observed, the healing of the sick and the surgical treatment of proper cases, has opened up a way to the missionary that enables him to reach the good will and attention of the Chinaman in a remarkable degree.



The present report gives an interesting resume of the hospital work proper, something of the mission work, and many of the peculiar medical views of the Chinese.

*The Western Medical Advance* is the title of a new journal devoted to pharmacy, and published by Dr. W. H. Lathrop, of Detroit, Michigan. The number before us is for December, 1871, and has a beautiful chromo group of medicinal flowering plants, embracing the spigelia, colchicum, podophyllin, lobelia, etc. The general matter is good, and we will thank the editor for the back numbers. It is published quarterly, for fifty cents a year.

*Transactions of the Medical Society of the State of Pennsylvania.* Twenty-Second Annual Session, held at Williamsport, June, 1871, with papers and reports.

*Proceedings of the Vermont Pharmaceutical Association.* Second Annual Meeting, held at Rutland, October 11, 1871, with Constitution and By-Laws.

*Transactions of the American Ophthalmological Society.* Eighth Annual Meeting, held at Newport, July, 1871.

*Transactions of the Medical Society of West Virginia.* Fourth Annual Meeting, held at Martinsburg, June, 1871.

These transactions are duly received, but we regret that pressure of holiday times has prevented our examination of them, except to note the energy and progress thus recorded by our professional brethren.

## Obituary.

*A Called Meeting of the Butler County Medical Society* was held at the office of Dr. C. Falconer, December 13th, at 3 o'clock P. M., to take action in regard to the death of John W. Gale, M. D. Drs. Scobey (President), Falconer, Huber, McNeeley, Caldwell, Morris, Brown, Beeler, and Beauchamp were present. On motion, Drs. Falconer and Beauchamp were appointed a committee to draft resolutions expressive of the feelings of the members respecting the death of their late associate. The following was submitted, and was adopted unanimously :

WHEREAS, Dr. John W. Gale, a member of this society, died on the morning of the 12th inst., we think it fitting and proper to take action, as a society, on the occasion.

*Resolved*, That in our acquaintance with Dr. Gale we have recognized the Christian gentleman.

*Resolved*, That he has shown himself to be a scholarly physician, well read in his profession, making it a business to keep himself up with the progress of medical science. In professional intercourse he was distinguished for modesty and faithful regard for ethical honor, and respect for the rights and feelings of others.

*Resolved*, That we tender our heartfelt condolence with his family and friends in their bereavement, and that, so far as practicable, we will attend his funeral obsequies.

C. FALCONER, M. D.

H. BEAUCHAMP, M. D.

Drs. Caldwell, Falconer, Scobey, Huber, and Beauchamp gave their personal indorsement to the report, and expressed their appreciation of Dr. Gale's character as a professional brother, each paying an individual tribute to his worth, in language both fitting and sincere.

The Secretary was instructed to publish the proceedings in the city papers and to send a copy to the family of the deceased.

H. BEAUCHAMP, M. D., *Sec'y.*

THE CINCINNATI

# LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—FEBRUARY, 1872—No. 2.

---

## Original Communications.

### *Art. I.—A Case of Vicarious Menstruation and Singular Action of the Uterus Developed in its Treatment.*

By F. SEYMOUR, M. D.

Mrs. Mary Jane McN—y, residing at Pleasant Ridge, Pendleton county, Kentucky, aged 32, married at 17 years of age, has been suffering from amenorrhœa from that time until she placed herself under my treatment. She states that she never menstruated since marriage, but at those periods (menstrual) she spat blood and had hemorrhage through the mouth. Had been under medical treatment for sixteen years, under the care of eight different medical men during that time, the majority of whom declared she was incurable. During the time of menstrual periods, she suffered, to use her own expression, “death almost.” Having previously attended her sister for uterine difficulty to a successful issue, she was prevailed upon to place herself under my care. Upon presenting herself, she appeared like a decrepid woman of fifty years



of age, stooped in walking, pale, dejected, nervous, and suffering; her general health almost broken down. Upon examination, found lateral version and anteflexion of uterus, with ulceration of os uteri with granular erosion, the neck congested, indurated, exquisitely painful. The least touch gave her infinite pain. Using chromic acid, nitrate of silver, and exsiccated sulph. zinc, with pessaries of soda carb., to neutralize the action, and putting her under

R.—Acid hydrocyanic, gttæ vj.

Tinct. cinchona comp. ʒj.

Tinct. opii, ʒss.

S.—Coch. parv. i., ter in die sumendum, cum

R.—Zinci valerianas,

Quiniæ valerianas, āā gr. x.

M. ft. massa in pil. xx. divid.

S.—Cap. pil. ij., ter in die altern.

Together with injections of warm water, and cotton steeped in glycerine (glycerole cotton, as it is called), introduced into the vagina and carefully placed around the cervix uteri. In a short time the ulceration and erosion had healed and the congested and indurated condition of the neck much improved, so much that I was able to try to introduce a uterine probe. Upon attempting to introduce the probe, I found an almost complete stricture of the os internum, through which I could not at first pass a silver uterine probe of the size of a No.  $\frac{1}{2}$  catheter. I succeeded, however, in dilating it, and by the aid, first, of sponge and sea-tangle tents I succeeded in dilating the cervix, and introducing the hysterotome divided slightly the os internum; after the division, continuing the sea-tangle tent. Her health began to improve, and during the treatment the period of her menstrual flow intervened. To her surprise and gratification, it passed over without any suffering whatever, and a colored fluid (slightly bloody) passed per uterus and vagina. During the three days the treatment was discontinued. As soon as the period was passed, I determined to introduce a galvanic intra-uterine pessary, which I obtained from Mr. Autenreith, and repairing to her house tried to introduce it. I succeeded in introducing it about half an inch (one section of copper and zinc) and let her recline on her side, with the intention of pressing it further in. To my astonishment, upon examination (toucher) to ascertain if it was in situ, and to press it up further, I found a peculiar movement of the uterus (vermicular is the best word I can use to describe the peculiar motion), and that the uterus was by its

own action drawing up the pessary into itself. Astonished and perplexed, I laid the end of my fore-finger upon the lower part of the cervix uteri, and distinctly felt the shield of the pessary scrape along its palmar aspect, until it not only drew in the entire pessary ( $2\frac{1}{2}$  inches long), but the shield of the pessary was drawn tight enough to flatten the os uteri by pressure. I asked the patient how she felt, what feelings she had; she said it felt like "pins and needles pricking her," and that "something appeared to be drawing." My apparent astonishment must have alarmed her, as she quickly inquired, in a frightened tone, "Doctor, what is the matter?" Of course, I at once quieted her by an assurance there was nothing. Since it has been introduced, she is much pleased, as it has already done her much good. I examined her to-day (20th), found the pessary still in situ perfectly as before, and so well did she appear and so completely established is her health, that I send her home to-morrow (21st), I think, perfectly cured. But, Mr. Editor, has *this case solved the long disputed question of impregnation? Has the womb the action of drawing by suction the seminal fluid into its body? I think, sir, the seminal fluid is injected into the vagina into the posterior inferior cul-de-sac or curve of vagina, and that the uterus at the moment of orgasm, while lying in the fluid, by its muscular apparatus suddenly contracts, forcing out the air and creating a vacuum, and by expansion drawing the semen in by suction, as it drew in the pessary, while at the same time it ruptures the ovum in the uterus and lets its contents mingle with the zoosperms in the uterus. If the womb has this power of suction, and we find that it has by the evidences of physometra, etc., I am positively sure it has, for I was not deceived either by my own feelings in regard to the drawing up of the pessary by the action of the uterus itself, because it could not have been by pressure by the parieties of the vagina, for she was laying on her side in bed quiet, and I had used as much force as I dared to, in trying to get it up further), and I distinctly and certainly felt the pessary being drawn in scraping the pulp of my right index finger as it ascended. I hope this matter will be kept in mind by gynecologists; for if the uterus has the power and action of suction, we can, perhaps, clear up the physiology of impregnation satisfactorily, and account for many mysterious deaths that have taken place by absorption, as we supposed, by the uterine sinuses of medicinal agents used as vaginal injections, and we can well conceive how air can have been sucked in. I shall not, Mr. Editor, go into an anatomical and*

physical explanation of the action of the vertical fibers of the superficial muscular layer, or the action of the middle longitudinal or oblique muscular fibers, or to their position in the middle and sides and fundus of the uterus, or to the deep layer of the circular, or their action at the fallopian tubes, or the action of the muscular fibers of the neck; neither shall I, at present, trouble you with the nervous cause of the muscular movement, and whether the hypogastric ganglions or the communication with the spermatic ganglion, or the vesical or vaginal ganglia or the sub-peritoneal ganglia and plexuses, induce the action I have spoken of or not; *but that the uterus has the power of drawing up into its neck and body, by suction, a liquid lying around its mouth, I implicitly and certainly believe, and that instead of the spermatozooids crawling in (an impossibility), for if they must move straight forward they could never get over the neck and os uteri, but must pass in an angular or oblique direction to enter the os uteri, they are drawn into the body of the uterus by its own action, by its own muscular movements, creating a suction power, all hypothetic ideas are thrown to the winds, and we have arrived at last to the certain manner in which the seminal fluid arrives in the womb, and thus enables us partially to solve the physiological mystery of conception, and which may lead us into the right course.* Was it not this action that causes the movements of the mucous strings of Prof. S. Kriesteller, of Berlin, instead of the flexion of the neck, and is it not more natural than the wonderful climbing process of the zoosperms up the mucous ladder, the cervical cord? If his views are looked at, they are only modification of the great fact, now stated, that the uterus possesses the power to create the power of suction by its muscular apparatus, and thus we find "the escaped mucus slipping back" into the uterine neck. I hope this action of the uterus will be again noticed by some one more able to do it justice and awake inquiry.



*Art. II.—A New Method of Plugging the Posterior Nares.*

By HENRY MANFRED, M. D., late Surgeon 22d Ky. Inf., Cincinnati, O.

Soon after entering the United States army, in January, 1862, I was detached upon service to a large hospital, which had just been established. The building, though spacious, was crowded to its utmost capacity by sick soldiers in every stage of exhaustion from hardship, disease, and exposure in mid winter. Among a lot of other invalids, a poor soldier belonging to my regiment, the 22d Kentucky, arrived in a most miserable plight; he was almost pulseless, and his skin had that peculiar dusky, fuliginous hue, so indicative of extreme and dangerous exhaustion. Upon inquiry, I ascertained that he had been suffering from epistaxis for four days and nights without cessation, and was so feeble that when he was raised up in the sitting posture, in order to ascertain the exact locality from which the hemorrhage proceeded, he would faint away from sheer exhaustion. I tried injections of Monsel's salt, sulphuric acid, nitrate of silver, and others, "*et id omne genus*," and applied ice locally, with plugging of the anterior nares; but all was alike futile, the unfortunate fellow had a *hemorrhagic diathesis*, and would bleed in spite of all these remedies perseveringly applied; he was, in consequence, getting weaker and must soon die. But the blood would still percolate from the floor of the posterior nares into the stomach, from which it was ejected by vomiting. What was to be done? The hospital had no instrument among its supplies for plugging the posterior nares, and before one could be procured from Cincinnati the man would be dead.

Necessity is the mother of invention. While racking my brains in order to meet this emergency, my eyes fell upon a pair of army stogies, under the bed, with leather laces. The idea at once struck me that this was the very thing that I needed, and quick as thought I proceeded to execute it, by pushing the leather thong carefully along the floor of the right anterior nares until the end protruded through the posterior opening, trailing upon the epiglottis and producing cough; this loose end was secured by the forceps and drawn out through the mouth, and after attaching thereto pledgets of lint saturated with astringents, it was drawn back again, until the right posterior nares was effectually plugged and tied in front; the same process was repeated with the left pos-

terior nares, and in half an hour the hemorrhage was stopped. It gave me intense satisfaction to finally succeed in plugging the right and left posterior nares, by such a simple though effective instrument, and thereby rescue my patient from a speedy impending death; and in conclusion, I can heartily recommend this plan to any of my medical friends who may be similarly situated, from its simplicity, effectiveness, and practicability.

---

*Antidotes for Digitalis.*—Though digitalis poisoning is no longer so common since a more accurate knowledge of its action has lent precision to its administration and its use, still cases might occur where, through misadventure or oversight, or perhaps some peculiar susceptibility in the patient, a condition of danger might arise from its administration. Such a condition must carefully be distinguished from attacks of cardiac syncope, the result of disease. If it were once understood that the danger was due to the drug, it would be necessary at once to stop its use. If it resulted from one huge dose, producing acute poisoning, it might be advantageous to empty the stomach. In chronic poisoning, sickness is spontaneous. The use of agents must be resorted to which are known to paralyze the heart—for instance, aconite. In experiments on the frog, though aconite did act on the heart after the poisonous effects of digitalis had been induced, still its action was far from being so marked as when digitalis was given in aconite poisoning. In digitalis poisoning, aconite may be resorted to as an antidote. From the action of the calabar bean, as described by Dr. T. R. Fraser, of Edinburg, it is highly probable that it would act beneficially in the excessive action of digitalis.—*British Med. Jour.*

## Translations.

### *Pathologico, Anatomical, and Clinical Contributions to the Knowledge of Vessel-Nerves.*

By E. WAGNER, Archiv. d. Heilkunde, xi., 4. Heft. Referred to by Obersteiner in Med. Chir. Rundschau, and translated by Dr. EPSTEIN, of Cincinnati, O.

The author presents in this paper a resumé of observations which refer to, more or less, certain affections of vessel-nerves. The attention of physicians has been recently devoted with peculiar fondness to this department, and it will, therefore, be valuable to mention W.'s assertions briefly:

#### 1. *Cases of hyperæmia, with or without disturbances of nutrition.*

In a female child, a few days after its birth, there was developed an intensive redness, in places also with a bluish shade, on the right side of the face and about it, which was soon accompanied with a gangrenous process about the ear, angle of the mouth, etc. This phenomena lasted for four months, when the child died.

The post-mortem examination showed the left half of the cerebrum remarkably larger than the right; a cyst in the place of the cerebellum, which was atrophied, especially on the right side, and communicating with an immense hydrops of the fourth ventricle. The sympathetic in the neck appeared normal.

In a case of neuralgic hyperæmia in a female, who suffered from neuralgia of the right supraorbitalis, there was noticed every time the patient was overheated a reddening of the right half of the face, a sharp line of demarkation running through the middle of the forehead, ridge of the nose, and upper lip. (Obersteiner noticed the same phenomena in a girl, who did not suffer from neuralgia in any way.)

At times these hyperæmiæ precede a neuralgic attack.

Unto this category belong blushing, and the flush of redness after ingesting certain kinds of food, at times even after the first bite. If the paralysis of the vessels continues for some time, then the affected organ gets a bluish tinge, or becomes edematous, as is to be noticed, *e. g.*, in frozen parts of the skin.



### 2. *Cases of anæmia.*

Here belong cases of hemicrania. Wagner mentions the case of a woman who suffered from temporary attacks of pain in the first two fingers of the left hand, and which looked always very white and as if shrunk.

W. noticed several women who suffered from attacks of distended abdomen, with a feeling of fullness and heat in it, while the face was surprisingly pale.

### 3. *Cases of œdematoid swelling.*

In two cases of supraorbital neuralgia, there appeared at every attack an extensively œdematous swelling over the frontal protuberance, which rapidly disappeared after a few days.

### 4. *Case of herpes-like affections of the skin.*

The affection of the vessel nerves, upon which herpes zoster depends, seems to be situated at times in the periphery, then again in the course of the nerve, in the intervertebral ganglia, and at times also in the spinal cord itself.

A case is related of a left-sided herpes intercostalis, in which there was a complete degeneration of the respective intervertebral ganglia.

### 5. *Cases of eczematoid skin affections.*

In these the nervous origin is more rarely demonstrable.

### 6. *Grave disturbances of nutrition.*

Under these W. mentions the so-called neuro-paralytic inflammations, which occur principally in the eye and mouth, after section of the n. trigeminus, farther the nutritive disturbances which follow the section of larger nerve branches, *e. g.*, the experiments of Brown-Sequard. (J. Rundschau, 1870, No. 437.) Wagner mentions also a foreign case, from the year 1819. (!)

*The Application of Lactic Acid in Croup.* By A. WEBER, Jahrb. f. Kinderheilk., 3 h. 1870. Referred to by Eisenschütz, in Med. Chir. Rundschau, Sept., 1870. Translated by Dr. EPSTEIN, of Cincinnati, O.

In a letter to B. Wagner in Leipzig, Weber seeks to induce children's physicians to make use of lactic acid in the treatment of croup. The want of success which many found in its use, W. ascribes to the different ways of its application, and calls attention to what he thinks the following essential points: The best inhaling apparatus throw the central ray of the pulverized fluid 6", most 4"-5" distance. If the ray, therefore, is to reach the entrance to

the trachea, then the apparatus must reach within 2"-3" of the front teeth. In this way the lips and teeth are unharmed, and the child is saved much pain.

In the second place, there must be a definite proportion between the watery vapor and the solution of lactic acid which it pulverizes, if the remedy is not to reach the croupy membrane in a too diluted state. If the steam works too quick, the solution is weakened by the vapor; if too slow, then by the admixture of the saliva.

The right proportion is to pulverize sixteen grammes of lactic acid solution with steam from six grammes of water, during three to four minutes. Every one can find out this proportion with his own apparatus when set a going.

There can be no doubt as to the eminently solving power of even a weak solution of lactic acid, particularly since it is proposed to use it on freshly exudated membranes. If need be, even pure lactic acid may be used, since W. instituted experiments with it on dogs for one-quarter to one-half of an hour, and then for shorter time on himself, and found no deleterious effects from it on the mucous membrane. • No croupous membrane is likely to withstand the solving power of lactic acid.

---

*Ovarian Cysts.*—G. D. Beebee, M. D., of Chicago, Ill. (*Am. Journ. Med. Sciences*), observes, in regard to ovarian cysts, what he does not remember to have seen stated, viz: that besides the well-known tendency of monocysts to become polycysts with advanced growth, there exists the further tendency to a cancerous degeneration. While the fluid found in the primary cyst contains more or less coagulable material, the fluid obtained from the secondary cysts is much more highly charged, and in some instances will, upon the application of heat, coagulate to solidity. This has suggested the probability that, as a larger amount of plasma is here produced than attains the full development of normal tissue, degeneration of the exudation corpuscle and medullary carcinoma results. This view of the cancerous tendency of polycysts has given force to the recommendation of an early extirpation.

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

REPORTS OF CASES.—*Dr. Muscroft* exhibited specimens of foreign bodies consisting of peach and plum stones taken from a case heretofore presented to the Academy.

*Dr. Holdt* reported a case of acute articular rheumatism, complicated with heart affection and accompanied with delirium. During the day-time the delirium was not marked; he could converse freely and coherently. The patient was not an habitual drinker of alcoholic liquors, yet quite a free drinker of malt liquors, beer, etc. As night came on he grew very delirious, and there was great reflex excitability. Hydrate of chloral was first given, but only increased the excitement. Large doses of opium were then given—even to twelve grains combined with quinine—without any marked beneficial results in producing sleep. On the evening of the fourth day of wakefulness large doses of quinine were administered; thirty grains were given in one hour. After the second dose of fifteen grains, the patient fell asleep and slept soundly for eight hours; has been improving ever since. In this instance quinine had done what chloral and opium would not do. It had produced sleep, quieted excitement, allayed delirium.

*Dr. Thornton* referred to a case of delirium tremens which he had recently treated, that he controlled by the use of veratrum viride. The patient had a full and bounding pulse, with a flushed face and violent form of delirium. As soon as he succeeded in bringing down the pulse, he gave the patient bromide of potash with good results.

*Dr. Muscroft* added his testimony to the good results to be derived from the use of verat. viride in delirium tremens, especially where there was a full bounding pulse, but he preferred the tincture of digitalis in those cases of delirium, and referred to one case where he had given half-ounce doses every three hours until



he had given eight ounces. He rarely gave more than five drops of tincture verat. viride. [In answer to Dr. Unzicker, the speaker stated that under the influence of large doses of tinc. digitalis in these cases, the pulse increases in volume, but decreases in frequency.]

*Dr. Unzicker* referred to a case, treated opposite his house, of delirium tremens, in which all the usual remedies had been used to no avail. The doctor in charge came and asked his advice about giving large doses of digitalis tinc. He recommended that half-ounce dose be given, which was done. In three hours the pulse had very much improved; a second and third dose was given, and the patient rapidly recovered.

*Dr. Walker* in those cases had derived marked benefit from the use of tinc. digitalis in large doses, but since the introduction of valerian, bromide of potash, and chloral, he had not used it.

*Dr. Stanton* had used it in large doses in "acute mania" to good effect. It increased the volume and lessened the frequency of the pulse. He had not given it in delirium tremens.

*Dr. Muscroft* spoke of a case of very severe headache which he had controlled by giving large doses of the tinct. digitalis, when all other remedies had failed to give relief.

*Dr. Gobrecht* inquired how much alcohol *Dr. Muscroft* was giving at the same time he was giving his large doses of digitalis, and added that he thought such large doses unwarrantable and dangerous from the known cumulative properties of the drug.

*Dr. Muscroft* rejoined that he did not believe in the bugbear of cumulative properties of drugs. On the same theory we might stop eating and drinking. There might be in some persons an idiosyncrasy that would not admit of large doses being given.

*Dr. Ludlow* said we should be extremely careful in the use of such powerful remedies, owing to the peculiar habit of individuals. He referred to treating Admiral Foote for neuralgia successfully with Hoffman's anodyne, and he thought it a better remedy than the one reported by *Dr. Muscroft*.

*Dr. Reamy* said that successful practice was always justifiable, but still we should be very careful in the use of these sedatives. He knows a physician at Zanesville, who gives without hesitancy sixty drops at a dose of verat. viride, Norwood's tinc., and contends that he could with safety give a tablespoonful.

*Dr. Muscroft* said, suppose one person does die by the administration of these large doses, and ten get well, is not the treatment

justifiable? Suppose one person in a thousand had a bad disease introduced into their system by vaccination, should we stop vaccinating? Vaccination can be cried down in the same way that gentlemen try to cry down administering large doses of digitalis.

*Dr. Gobrecht* had only intended to object to the indiscriminate use of these powerful remedies, and he thought excessive use. In his own case, where he was affected with double pneumonia, he had administered to him five drops of Norwood's tinc., and he vomited and retched for six hours. He had seen cases where they went wild from the use of these narcotics—such as cannabis indica. Another objection he has to their use is that they so derange the stomach, when we should by all means keep it in good condition for the administration of remedies.

*Dr. Muscroft* said, *Dr. G.* would agree with him that these remedies were either stimulant or sedative, according as they were given in small or large doses. He wanted the sedative effect and gave the large dose. That was all there was of it.

**INJURIES OF THE BRAIN.**—*Dr. Carson* presented a specimen of brain taken from an old man sixty years of age. History went to show that two years ago he had a heated controversy with another party, and possibly received a blow; became very much excited. In a short time afterward fell to the ground in an insensible fit. Afterward had paralysis of the right side, with a partial aphasic condition; remained in that condition for six months, when he was taken with spasms, jaws fixed, stertorous breathing, pupils not particularly enlarged. Died Friday morning last. Post mortem revealed a cyst located on the margin of the left corpus striata; also, the corpus striata of the right side was shown to be in a broken-down condition.

*Dr. Comegys* spoke of the case of an old negro woman in whom was found the same condition of things as in the case of *Dr. C.* just reported.

**ABDOMINAL TUMORS.**—*Dr. Wood* reported the case of a lady now twenty-two years of age, who had good health until the time of her marriage, which occurred some six years ago. Three months after her marriage, she noticed a tumor developing in her side in the region of the left ovary. That condition of things went on for six years, when toward the close of that time the enlargement seemed to grow so fast that an operation was determined upon.

Upon the removal of the mass it was found to be a fetus in a conglomerated condition. It was physiologically alive, and was growing and developing. All the different tissues that go to make up the body were found within the irregular unsightly mass, such as hair, nails, and bones. The woman was still living from whom this was taken.

*Dr. Mussey* referred to a specimen which he had seen in the museum of St. George's Hospital, London, of a tumor taken from the pelvis of a man, when he died at the age of thirty or forty years. This tumor contained a fetus. This history was given him by Sir Benjamin Brodie and others.

*Drs. Young and Juler* reported similar cases to the one reported by *Dr. Mussey*.

*Dr. Muscroft* referred to the case of a lady now residing in Covington, Ky., who, no doubt was a victim to the anomalous condition of carrying the remains of a fetus within the cavity of the abdomen, as she had passed through the bladder, from time to time, teeth to the amount of four. He was present on one occasion and helped to bring away one of the teeth.

*Dr. Wood's* specimen was referred to Section on Pathology.

REPORTS OF CASES.—*Dr. Mussey* referred to a case where he had performed the operation of transfusion. The case was one of uterine hemorrhage after delivery. The patient at the time was dying. Five ounces of blood was taken from the arm of her husband and transferred to the arm of the patient, but all to no effect, as she died within an hour. Some thought there was embolism formed. During the transfusion there was no increase of the pulse.

*Dr. Palmer* read a report of some cases of face presentations in obstetrics. Some remarks were made thereon by Prof. M. B. Wright, when the paper was referred to the Section on Obstetrics for report.

*Dr. Wood* exhibited a specimen of a foreign body which passed from the uterus of a young lady sixteen years of age. The lady was strictly virtuous and enjoyed good health. Referred to Section on Pathology.

*Dr. Muscroft* reported the case of a young man who came to his office with a slight eruption, flushed face and quick pulse, anxious expression; pulse 132. The following day he visited patient at his room, and found an eruption at the bend of the arm which resembled scarlet fever. On the following day the eruption on the



wrists resembled powder having been blown under the skin. This peculiar eruption, which began at the wrists, is now spreading over the chest. It now resembles dried blood under the skin. It may be a case of *purpura hemorrhagica*. The symptoms are growing worse.

*Dr. Tate* reported a case of *sclerosis of the sterno-cleido mastoideus muscle*, occurring in a child ten days old, the patient at this time being six weeks old. This is the second case of the kind he had seen. He spoke of the ailment being very rare and calculated to escape the notice of the practitioner. Authors on diseases of children said little or nothing about it. The fullest account was found in Vogel. The muscle assumes a cylindrical, lead pencil like form, and is from one-half to an inch in length. The pathology of the disease is not well known. The cause of the induration, difficult labor and the injudicious use of forceps, as contended for by the French, would not apply in at least one of his cases, for one of the children so affected was born during an easy and natural labor, the other he delivered with forceps. As treatment, the speaker preferred to leave to time the gradual passing away of the hardness, although some authors recommend the external use of iodine. Remarks were made on the case by Drs. Holdt and Carson.

*Dr. Comegys* reported a case of arm presentation, wherein he made version by the feet. On delivery, the child could not be resuscitated. In this instance he failed to put into practice a method he had of resisting the passage of the child, until the contractions of the uterus by that resistance became very powerful, then by the aid of these powerful contractions he delivered the child hurriedly, and in that way he thought he had saved the lives of some children.

*Dr. M. B. Wright* inquired how the passage of the child could be prevented when the uterus was forcibly contracting. As for himself he had not physical force to do it.

The proposition was warmly discussed by Drs. Tate, Reamy, Ludlow, Walker, Young, and M. B. Wright. The conclusion seems to be that where the uterus was acting vigorously, no effort should be made to prevent the early passage of the child, even if it could be done, from the danger of rupturing the uterus or perineum.

DISCUSSION ON SUPPORTING THE PERINEUM.—*Dr. M. B. Wright* began the discussion by remarking that his friend, Dr. Young, had stated that it was his custom to exercise pressure on the

perinæum for the purpose of giving course and direction to the child's head under the arch. Another had said that he made pressure on the perinæum to prevent rupture, etc. In olden times it was the practice to introduce the finger into the rectum, for the purpose of raising the head of the child over the edge of the perinæum and giving it direction under the arch of the pubes. This practice had, he thought very sensibly, been abandoned. All this pressure and interference with the perinæum, to prevent its rupture, or retard labor, or give direction to the passage of the child's head, he conceived to be all wrong. All we should do was to give a mere support, in the strict sense of that word, to the perinæum—support it during its attenuation. That was all he could conceive there was in the matter of supporting the perinæum. When the uterus is acting vigorously, and the child descending, we can not retard its descent by pressure upon the perinæum. All we can do is to give it support.

*Dr. Walker* coincided with *Dr. Wright* about supporting the perinæum, but inquired if we could not possibly retard the descent of the child by pressure upon the perinæum.

*Dr. Reamy* began his remarks by expressing surprise at the lack of interest taken in the discussion, as the subject was a practical one, and should engage the attention of all general practitioners. The speaker did not wish to be understood that in the 1,600 cases of obstetrics, referred to at a recent meeting of the Academy, attended by himself, that there was not, to a certain extent, rupture of the perinæum in some of them. What he meant to say was, that in that number of cases he had never had a complete rupture of the perinæum back to the anus or anything like it, simply slight rends extending very little beyond the fourchette. He, like *Dr. Wright*, believed that we should use pressure only to the amount of support. The force to be used could not be measured by pounds, but the obstetrician should for himself determine the amount of pressure to be given in each individual case. In reply to *Dr. Walker*, he would say, that in proportion as we could reduce the diameter of the outlet by pressure upon the perinæum, could we retard the descent of the child; but the aggregate force of the uterus when in labor being over 500 pounds, it would readily be seen how difficult it would be to retard the descent of the child by exercising pressure on the perinæum, and even could we prevent the rapid descent of the child, when the uterus is acting vigorously, we do it at the risk of injury to the

perinæum and perhaps other accidents. Should the obstetrician wish to make pressure in any case, with a view to retard, he should make it upon the head of the child direct, and not through medium of the perinæum.

*Dr. Kearney* said that the real theory had not been touched upon. We could not possibly prevent tearing of the perinæum, during the passage of the child, by pressure. He could not imagine how this could be prevented. The speaker said he could understand how support of the perinæum would be advantageous in those rare exceptional cases, where, from excessive laxity of the tissues, the head become pocketed, as it were, and threatens perforation of the perinæum; but when a tear commences at the edge of the orifice, pressure can not arrest it, unless sufficient to arrest the advance of the fetus. As to affecting the dimensions of the head by pressure, supposing the possibility of such, he would say, that any diminution in one direction would necessarily involve an increase in another; therefore, supposing a lessening of the antero-posterior diameter, a compensatory increase in a transverse direction would result.

*Dr. Walker* said the last two speakers had admitted that the passage of the child could be retarded. Is this possible? For it is of great importance in cases of first confinement, where the head is descending rapidly, to know that we can hold it in check, until the perinæum has time to attenuate and allow the passage of the child without danger of rupture.

*Dr. Comegys* said, *Dr. Reamey* had admitted that in 1,600 cases there was rupture, to a certain extent, of the perinæum in many of them. This slight rupture of the perinæum occurs in the practice of all physicians who have much obstetric practice, but a rupture of the perinæum back to the anus, he conceived to be a very rare accident.

The speaker further said that *Dr. Reamy* had also admitted that a *support* meant pressure sufficient to prevent the rapid descent of the child, such as would endanger the integrity of the perinæum. In answer to *Dr. Kearney*, he would say the object of pressure in breech presentations was to prevent the passage of the child until the uterus was wrought up to a supreme effort, and then deliver rapidly, so as not to endanger the life of the child by long pressure on the cord, as is usual in these cases, but in vertex presentations resistance by pressure on the perinæum to the descent of the head tends to increase the long diameter and allow an easier passage at last through the vulva.



*Dr. Thornton* said that in twenty or twenty-five years of practice and observation, he had had no proof of benefit derived from supporting the perinæum, and in most cases he thought it an unwarrantable interference, and retarded the birth of the child. Some of our best obstetricians had given up the practice of supporting the perinæum, and argued that it was fruitful of harm.

*Dr. Quinn* said that, like *Dr. Thornton*, he had had twenty or twenty-five years of practice and observation in obstetrics, but, unlike *Dr. T.*, he had arrived at directly opposite views in reference to this question of supporting the perinæum. He had seen the perinæum as unyielding as a piece of sole-leather, and if it was not supported by actual pressure, until it became attenuated, there was danger, with a uterus acting vigorously, of its tearing out. The anxious mother in the last throes of labor, feeling this danger, instinctively calls on the attending physician to support the parts by pressure. The speaker further said: It has been stated that the aggregate force of the uterus in labor is 500 pounds. Deduct from that the amount of pressure which would be made in supporting the perinæum, and it will be seen that we give but little resistance to the passage of the child. By giving support, we enable the perinæum to distend and allow the head of the child to pass without danger of rupture. By this pressure we do not diminish the antero-posterior diameter, but, if anything, assist in its elongation, because we press-around a circle.

---

#### CLARKE COUNTY MEDICAL SOCIETY.

Seventh session of the twentieth year—Discussion on small-pox—Reported by  
Dr. ISAAC KAY.

The above-mentioned society met at the county agricultural rooms, in Springfield, Ohio, Thursday afternoon, at two o'clock, and was called to order by the president (*Dr. Senseman*).

Members present—*Drs. Bryant, D'Richey, Hazzard, Houston, Kay, McLaughlin, Reddish, Reeves, Rice, J. H. Rodgers, R. Rodgers, and Senseman.*

Upon call being made for the consideration of medical subjects, *Dr. Hazzard* arose and read an able essay on small-pox. *Rhazes*, a celebrated Arabian physician, was probably the first to give a clear and distinct description of the small-pox, although it doubt-

less had existed long prior to this time. In the year 580, the Queen of Burgundy died of small-pox. During the seventh century the Saracens carried the disease into Egypt. It reached England about the middle of the ninth century, and it extended to the American continent in 1527, when it broke out in Mexico among the Spaniards and Indians. For many centuries it was the bane of the world, constituting as it did the most fatal of all the pestilences. The improvements, however, which the immortal Sydenham brought to bear in the treatment of this fell disease, inaugurated a new era in its history. He contemned the old plan of heating and sweating the patient, and he prepared the way for the more rational and successful course of putting the patient under the regimen of fresh air, cool drinks, and other appliances calculated to allay the febrile excitement. Dr. Sydenham laid down some invaluable rules of differential diagnosis, which have ever since been useful as guides to the practitioner in distinguishing small-pox, even in its earliest stages, from all other febrile or cutaneous diseases. Inoculation with small-pox had doubtless been practiced from remote antiquity, but inoculation with cow-pox or vaccination was of more recent origin, being discovered in 1796. Dr. Hazzard proceeded to show from collected tables, containing an aggregate of 260,000 cases in which vaccination had proven entirely successful as a preventive of variola. This extensive showing should remove the least vestige of doubt from the minds of even the most incredulous. Such a vast array of facts as these tables furnished, should set aside all the petty quibbles and skepticism which are indulged in by so many who are wise, above that which has been written upon this subject. Dr. Hazzard remarked that with regard to the transmission of diseases other than cow-pox by the act of vaccination, there was considerable difference of opinion between the high authorities, but he was disposed to give credence to the doctrine that such a thing was not only possible but quite probable. He had, himself, seen instances where not only the general appearance of the patient evinced the symptoms of cutaneous disease, but the vaccine pustule itself also showed a modified character, doubtless from the same cause.

Dr. D'Richey remarked that he had never heard the prophylactic powers of vaccination called in question until he saw articles, lately, in the *Springfield Advertiser* taking skeptical grounds upon this subject. The doctor made numerous quotations from various hospital reports, showing that a very small proportion of truly vaccinated persons have ever taken small-pox, although a vast number

of such patients had subsequently been exposed to the poisonous emanations of that highly contagious disease. The immunity from small-pox, insured from vaccination, will gradually wear out, therefore the operation should be repeated after the lapse of two or three years. Of six thousand cases of vaccination reported by M. Simon, of France, where there were distinct cicatrices resulting, only three per cent. were afterward attacked with variola. Many persons have nothing but spurious cicatrices upon which they depend for protection from small-pox. D'Richey was of opinion that a single vaccination would be a perfect protection from all varioloid disease for only a few years, after which revaccination should by all means be practiced. He was in the habit of telling his patrons to be revaccinated every few years, especially such of them as were subjected to much exposure from the disease in an epidemic form. He had noticed that three out of five persons in this city, who had been vaccinated since the year 1850, had not the true vaccine cicatrix, and that nearly all who had been vaccinated before that year had the true scar. The doctor then gave his reasons for this, stating that of late years it was quite a practice for inexperienced persons to do the vaccinating, especially those not belonging to the medical profession at all. Considering this startling fact, it seemed to him strange that the epidemic was not already upon us in its most unmitigated form, especially visiting those who are thus insufficiently protected by revaccination. Small-pox, like a great conflagration, must cease when there is no longer any combustible material upon which to feed.

Dr. Bryant stated that from the full and able review which Dr. Hazzard had just given us of the history and character of small-pox, we could see something of its dreadful ravages in past ages and in other parts of the world. Anything promising an amelioration or abatement of the disease should be hailed as a great benefaction. The doctor then discussed the origin and nature of vaccination. The true philosophy had never been definitely and satisfactorily set forth by any of the authorities. In this respect it was like many others of the deep mysteries connected with pathology and the physical sciences generally. Much remained to be learned upon this point. He spoke of the Jennerian pustule or vesicle. It was essentially varioloid in its character, having been subjected to the modifying influence of the cow's system, but the exact specific character and *modus operandi* of vaccinia had never been explained. One of the most engrossing questions connected with this subject was, whether other diseases than vaccinia could be



transmitted by the act of vaccination. This question had been mooted more of late years than formerly. The doctor discussed the specific characters of scrofula, syphilis, and measles in their bearing upon the question in hand. Each of these could be transmitted by the introduction of its own peculiar virus, but not by the inoculation of any other poison. There were but very few incontestible facts on record going to prove that anything but cow-pox was communicated by vaccination. Many quotations were given from the most prominent French, German, and English writers on small-pox, who expressed their unbelief in regard to the complication of vaccinia brought about in this manner. In regard to the treatment of variola, it was a matter of first importance not only to practice vaccination, but isolation. A "pest-house" should be erected at once. It should be located at least half a mile from the nearest human habitation, and in a north-easterly direction from the city. It was sometimes a difficult matter seasonably to determine who should be sent to such an institution. In order to avoid many evils which might attend the carrying out of this plan of isolation, it would be well to build what he called a kind of intermediate pest-house. This might be termed the purgatorial department of his system, and its use is to send to it only the doubtful cases at first. Thus no improper person would ever reach the regular pest-house. This was the plan adopted in the army. A pest-house should be built now, inasmuch as we might have cases in twenty-four hours which would be entirely unprovided for. Isolation in varioloid should be secured as soon as unmistakable premonitory symptoms of the disease make their appearance. Of course it takes close discrimination and considerable skill to detect these at the start, lest the wrong man might be sent to the right place. As to the other management of small-pox, Dr. Bryant preferred the ectrotic plan of treatment.

Dr. Reeves believed that most of the old medical literature that we had upon the subject under consideration was somewhat defective, as a guidance to the physician of modern time in the treatment of small-pox. As a general rule he thought that small-pox patients did better under the care of strangers than they did when attended exclusively by relatives. In the former instance, proper rules and regulations were more likely to be enforced. He believed that it was accordingly rare for a person to be in any way damaged by vaccination. In some tables, which he had been consulting, where accurate statements were made concerning tens of thousands of small-pox cases, not one was found to suffer from

scrofula, syphilis, or any other constitutional taints attributable to the vaccination. He did not believe that scrofula could be communicated in that way at all. It was simply impossible. In all of the few cases where cutaneous or other diseases happen to follow upon vaccination, their origin can more easily be traced to some other cause than the vaccination. Thorough vaccination is a matter of great importance to this city just now. Our motto should be *vaccination, revaccination, re-revaccination, and isolation* wherever practicable. These regulations should be not only recommended by our health committee of the council, but enforced as well. There are now more than one thousand deaths occurring in America from small-pox per month. These deaths are most of them the result of criminal negligence. Good vaccination, made at proper intervals in a person's lifetime, will keep off all attacks of even the mildest varioloid. No case ever occurred in a person who was thus regularly and frequently vaccinated, nor it never will. This disease is now upon us, or nearly so, in its epidemic form. If all the deaths occurring in our land in one month (say one thousand) resulting from neglect of the proper means of precaution, were to be aggregated into one railway or marine disaster, it would fill the newspapers with the particulars and thrill the reading public with horror. In regard to the treatment of this disease it should be chiefly hygienic. Plenty of fresh air and generous food should be afforded. Cooling and supporting medicines are the only articles of medication that should be resorted to. Especially are these things necessary in confluent small-pox. If he had the small-pox he would rather be put into an airy shanty, situated upon one of our beautiful suburban hills, than anywhere else. He would not there be crowded and hampered with the officious and well-meant but injurious appliances of modern civilization. Plain fare and a common-sensed doctor would be all he desired. It was important for a physician to watch well all complications that might arise in the treatment of variola. Some of these were very insidious and troublesome, not to say dangerous. From what he could ascertain, the present visitation of small-pox in America was what might be called black variola. At all events, it seems to be terribly fatal, and on this account our plans for keeping it from our city should be well laid, thoroughly considered, and promptly carried out. The children should not only all be well vaccinated, but all adult persons, at least, should be revaccinated. Under the well-regulated arrangements of every commu-

nity and country it should always be required. In these matters our city authorities should be well sustained by the medical profession here.

Dr. R. Rodgers said that he had such full confidence in good vaccination, that he believed if it were faithfully carried out in a community, there need be but little danger that even one case of small-pox should occur, and certainly no deaths, from this loathsome affection. Dr. Rodgers gave a very full and interesting account of his own experience with small-pox. Vaccinations and isolations were his great dependence by way of prudential regulation. He had vaccinated children who had been staying in the same room where parents had been lying with the disease for three days previously to the vaccination, and yet the operation prevented the disease in these children. This showed that vaccination was more prompt and rapid in its action than variola.

Dr. J. H. Rodgers thought there was an unwarrantable degree of anxiety among the people in regard to the damages accruing from vaccination. Many of the notions prevailing upon this point were entirely unfounded and absurd. The transmission of disease in this way was an extremely rare occurrence. Quite a number of our citizens would prefer risking the small-pox itself to what they consider the dangers of vaccination. Something might be done to remove these prejudices and thus ward off the evils connected with the neglect of so great a sanitary regulation as the one now discussed.

On motion of Dr. McLaughlin, Drs. Reeves, Bryant, R. Rodgers, J. H. Rodgers, and Kay were constituted a committee of five to confer with the health committee of Springfield, in regard to the impending visitation of small-pox.

The society then adjourned to meet again on next Thursday at the same place and hour.

#### SECOND DAY.

The society met in the county agricultural rooms at 2 o'clock P. M., January 18. The President, Dr. Senseman, not being present, Dr. Robert Rodgers was called to the chair. Members present—Drs. Bryant, D'Richey, Hazzard, Kay, McLaughlin, Rice, Reeves, R. Rodgers, and J. H. Rodgers.

After reading of the minutes, Dr. J. H. Rodgers, from the Special Committee to confer with the Health Committee of Springfield, reported that the authorities were about erecting a pest-house, to



be located on the county infirmary land. Considerable discussion ensued upon receiving this report. Drs. Reeves, Bryant, and others were in favor of the establishment of a regular board of health in Springfield. Drs. J. H. Rodgers, Kay, and others were opposed to any movement, just now, in favor of establishing any board of health other than the health committee now in existence. This discussion resulted in the passage of the following resolution, viz:

*Resolved*, That a committee of three be appointed to wait upon the city council and respectfully call the attention of that honorable body to the expediency of establishing a regular board of health, to be regulated by the general law provided for such municipal organizations.

Drs. Reeves, Bryant, and Kay were appointed said committee.

The regular call being made for the consideration of medical and scientific subjects, Dr. Kay rose and remarked that he understood this to be an adjourned meeting of the society, held for the express purpose of concluding the consideration of small-pox. The discussion of last Thursday had elicited such deep interest in the minds of members as to make this extra session desirable. So far as any danger from a visitation of epidemic small-pox was now concerned, he regarded it at an end. The intelligent and prompt precautionary measures of our health committee and the council, together with the hearty co-operation of the medical profession, had, humanely speaking, made such a visitation, for the present, well nigh impossible; or at least highly improbable. Springfield had never been so thoroughly vaccinated before, and few other towns or cities in the State, perhaps, had been so generally revaccinated as ours. He thought this latter item quite an important one. In many instances formerly, and at other places, the young children of the community had been the only persons subjected to this prophylactic operation, while the adult population, whose immunity, secured by early vaccinations, had been very much weakened by the lapse of time, were entirely neglected; thus leaving at least three-fourths of the people susceptible to varioloid. Some of these cases of varioloid were almost as severe as unmitigated small-pox, and nearly as apt to spread and assume an epidemic form. In the winter of 1861, Springfield was caught in the condition just mentioned, and it resulted as might have been supposed. Nearly one hundred cases of varioloid occurred, to say nothing of the unmodified small-pox.

Of course, nothing of profit could be added to the full and able remarks which had been made at the last meeting upon the history, pathology, and treatment of the affection which had been engrossing the attention of the society. He wished, however, to say something in regard to one point connected with this question, inasmuch as it was one that had elicited more thought and anxiety among the people of late than any other. It related to the genuineness and purity of the matter used by us in vaccination. Dr. J. H. Rodgers had truly remarked, on last Thursday, that quite a number of our citizens were so fearful of the transmission of diseases, other than vaccina, as to prefer risking the small-pox itself rather than be vaccinated with the usual transmitted matter. Dr. K. had also become fully aware of this fear, whether well or ill-founded, during the recent vaccinating canvass which he had made of the city, at the instance of the health committee. The most common apprehension was from the alleged danger of scrofula, syphilis, and other constitutional cachexia together with cutaneous diseases. Some of our people, however, had very materially enlarged as well upon this list of maladies, which they believe to be transmitted by vaccination. They included nervous affections, and occasionally one, perhaps, would include mental peculiarities. One man, having a large unvaccinated family, objected to having his children operated upon because of the danger thereby incurred of transmitting the "fits" to them. He would not agree to have it done unless he could be assured that the matter with which we proposed to vaccinate was taken from a child that had never had fits, nor any proclivity to fits; and, furthermore, he would have to see with his own eyes the scab removed from the arm of such a child. Lack of time, and the press of other business, did not permit the giving of full satisfaction to that man on all those points just then. These fears, on the part of the people, were based upon the fact that children had been known to have convulsions after vaccination. So it has been with skin diseases. It would be something strange, if within the next month or two there were not the usual amount of convulsions and skin diseases among children as there had been during the corresponding month of other years. And yet what observing physician will not find out that at least one-half of the cutaneous diseases, especially during the next month or two, will be attributed to vaccination? The result of all these fears has led to a re-investigation in some quarters of the merits of animal and Jennerian vaccination. In the late able ob-

servations of Dr. William B. Davis, in which we have his conclusions drawn from direct correspondence with the most distinguished vaccinators in Europe, we have a treasury of useful and reliable knowledge upon the relative merits of the purely animal and the humanized vaccine matter. It seems that in Ireland from the years 1850 to 1860 the average annual deaths amounted to 1,272. In 1864 vaccination was systematically enforced by law, with reference to an entire annihilation of variola from the country. The matter used was furnished by the National Vaccine Establishment, and was first procured from the animal by Dr. Jenner himself, and therefore had been in course of transmission for more than seventy years. The result of this thorough vaccination under the supervision of Dr. Seaton was that, in 1864, the deaths in Ireland fell from the average of 1,272 to 854; in 1865, 347; in 1866, 187; in 1867, 20; in 1868, 19; in 1869, 3; and up to April, 1870, when we last heard from the experiments, there had been no deaths at all. In the same year, 1864, the attempt was made to exterminate small-pox in France. This great work was put under the supervision of the celebrated M. De Paul, of Paris, the ablest advocate in the world of the doctrine of transmission of taints—other than cow-pox. He nor any of his subordinates used anything but pure matter, immediately from the heifer. The result was that in May, 1870, the small-pox was raging terribly in France, and had not abated even so late in the season as October of that year. During the week ending on the 4th of said month of May, there was 179 deaths in Paris, having a population of 1,800,000, and but 3 deaths in London, with a population of 3,000,000. At the end of these trials, animal vaccination in France, as compared with Jennerian or humanized vaccination in Ireland, was declared a failure, and the transmitted matter again became the regulation material of the authorities of France. But, notwithstanding all these considerations, it was well to respect, and to have careful regard for the people's fears and anxiety upon this point. Especially should we do this when we remember that such learned and skillful men as De Paul, and many others like him, lead off in the advocacy of the transmission theory. Dr. K. remarked that in order partly to satisfy such as had fear from the use of humanized lymph, and partly to satisfy himself more fully upon the subject by observation, he had procured a few crusts of the pure vaccine lymph immediately from the cow. A sufficient time had not elapsed to test it fully as yet, but he had several insertions of it



during the last week. In several instances he had made two insertions on the same arm, one about three inches from the other. In every such case, so far as noticed, the humanized alone took effect. The pure animal matter seemed to be less certain of taking hold, but was doubtless more active, not to say more thorough, than the transmitted. At least the constitutional disturbance was greater. He was intending, however, to give the pure animal vaccine virus a more complete trial, and perhaps report at another time. If it were true, however, that the same evils would result from transmitting the peculiarities of the animal from which the scab was taken, as had been alleged of the humanized lymph, a tragical result might follow in vaccinating from a cow that had been in the habit of "kicking the bucket."

Dr. Reeves said that since the year 1831 no vaccine matter had been taken from the animal, except such as had been communicated to her from the human subject. So that it did not really originate from the animal, but was transmitted through it. The same law governed vaccination that governed the action and communication of any other contagious affection. This was the fact with small-pox, sheep-pox, hog-pox, or scarlatina. The cow-pox is precisely the same now that it was fifty years ago, and would remain the same essentially through all time, notwithstanding the variety of human constitutions through which it has passed or may pass. It was subject to no change whatever. In the early movements of vaccination greater care was taken in the management of cases than now. A larger proportion of those vaccinations were successful. The only remedy now for these ineffective vaccinations is to have the subjects revaccinated. That virus was a specific virus found in the animal, purely by accident at first, and it had not lost a particle of its power of purity by the long course of transmission to which it had been subjected. Many persons are careless about the pitting of small-pox, thinking that if even they should get the disease remedies could be had to prevent such undesirable results. Dr. R. stated that this was a vain dependence. Sweet-oil and other appliances had been known to prevent marking, but too much dependence should not be placed upon any reputed remedy, especially such as would lead to the neglect of vaccination.

Dr. D'Richey had found it difficult to diagnose small-pox in its earliest stage, the symptoms were so similar to those obtaining in the initial stages of other febrile diseases. In his opinion the

best plan of averting pitting of the face in this disease is by excluding the external air. He had noticed the benefit of mustard plasters. He thought that the pure untransmitted matter, although more difficult to take, was more thorough than the humanized.

Dr. Hazzard thought that in the opinion of many of our highest medical authorities there was a belief in the transmissibility of cachexia, especially syphilis. Dr. Hazzard believed that while such transmission was very rare, yet that it did sometimes occur, and that great care should always be taken to select matter from the purest and best sources.

Dr. J. H. Rodgers commented upon the statements of Mr. Hutchinson, of London, an eminent surgeon, who had seen what he regarded as clear instances of the transmission of disease through vaccination. The question of transmissibility of disease occasionally might be admitted without very much affecting the question as to the expediency of vaccination. In California and in Philadelphia the mortality from small-pox was fearful at this time. Three out of five genuine cases seem to have proved fatal. This shows that there is incomparably more danger from the disease than could possibly be feared from careful vaccination, even admitting all that its opponents claim against it. Dr. R. could hardly agree with Dr. Kay in his sanguine hopes and expectations relative to the suppression of an epidemic variola in Springfield this winter. He did not believe that the vaccinations and revaccinations were so thorough as claimed by him. He feared that there was yet considerable chance for a serious outbreak of the disease. Its occurrence was quite possible, if not probable.

The society adjourned to meet again at its next regular time, the second Thursday in February.

---

*Powdered Camphor in Phagedænic Chancres.*—Dr. Nelson has shown, in the *Gazette des Hôpitaux*, that hospital gangrene yields to the application of powdered camphor. Thereupon M. Baudoin, as stated in the *L'Abeille Méd.*, was induced to try the same remedy in phagedænic chancre. Three cases are quoted to prove the efficacy of the application, but the author does not allude to the means employed previously.—*Lancet*, Oct. 14, 1871.

## Correspondence.

### *Longview Lunatic Asylum.*

The twelfth annual report of the Board of Directors and Officers of the Longview Asylum has just been issued, and one of the directors having been kind enough to favor me with one copy, I consider it but an act of courtesy to prove that I have perused the said report attentively. Longview Asylum, Mr. Editor, a highly important and very costly institution, certainly claims public as well as medical attention, both of which, I fear, have never been as intense as desirable. While reading the report, meritorious as it is in many respects, I could not refrain from suspecting that the mold, into which the annual history of the institution is cast, however sanctioned it be by age, is deficient in several respects, and therefore fails to attract that interest which it deserves by its intrinsic value. The LANCET AND OBSERVER, I hope, will not refuse its columns to a well-intentioned criticism of the twelfth annual report.

I pass the directors' report to the Governor, supposing that all those who witnessed the opening of the asylum and followed its development, know "the objects for which it (the institution) is intended." I need not say that a state, founding a lunatic asylum, may have different objects in view, each of which would require different provisions. An hospital for the cure of the insane is quite another thing, in many respects, from an asylum for the incurable, or an institution intended for both classes of patients. All this, of course, is known to the directors, and I pass on, but not without noticing an expression, which is not a fortunate one, when used by gentlemen who must be supposed to have become generally acquainted with the nature of mental diseases during their turn; I mean the expression "mysteriously afflicted." There is no more mystery than about a good many other affections of the human body.

Passing to the superintendent's report, we are informed that the asylum, originally constructed for 350 patients, had, at the



close of the year, 575 patients, "being, beyond question, 220 more than the proper capacity of the house to accommodate." Nobody but a physician, acquainted with asylum life, knows what that means. For the patients, it almost annuls all the benefits they should derive from their stay at the asylum, and those who, under such circumstances, recover, do so, not thanks, but notwithstanding, the hospital. The experience made in Ohio, in regard to the never-ceasing increase of demands for admission into the lunatic asylums, is exactly the same made in almost all the countries of Europe, and there is the most urgent necessity, here as abroad, to devise some means in order to provide for the insane, without going on to build and to enlarge asylums every ten years. That's a capital point in which I can not but most earnestly differ from Dr. Webb's views.

Addressing the directors, the superintendent goes on to say : "It is for you to decide what course to pursue in mitigation of this serious and ever-increasing difficulty (the overcrowding). I can suggest but one, viz: additions to the present house." It is a question, settled long ago by the most experienced psychiatrists, that a lunatic asylum, sheltering more than 300 patients, is being deprived more and more of the character of a medical institution, assuming that of a cavern or some other monstrous receptacle for the concealment and confinement of the insane. The reasons are obvious, and I would fear to be prolix in setting them forth. It is true that some of the European asylums overstep that number, especially in England, but then, please, ask the resident physicians what they speak about. The control of the institution in its details escapes even the most energetic and talented superintendent, and the individual treatment of the patients is rendered an impossibility. Certainly, it is much cheaper to have one asylum of 600 patients than to have two, each of 300. It would have been very interesting, indeed, if the report had tried to give the reasons for the increase of the patients of long residence in the asylum, and then the necessity must have resulted to resort to other means than simply "additions to the present house." The superintendent of Longview, to be sure, is better acquainted than I am with all that has been written and done in order to avert the universal calamity of lunatic asylums overcrowding. The directors as well as the public would thankfully have accepted some hints as to the difficulties or the possibility of trying the familiar system of colonization. I hope these questions will be considered, before any

action is taken to enlarge an establishment already much too extensive.

I regret to say that a medical man, when perusing the report, does not derive as much information as might have been conveyed, while some most important points have not been touched at all. In how many wards are the patients distributed, and is there one for the epileptics? It is true that the "absolutely essential" classification has not been possible, but, still, it should be made possible for the epileptics.

Four cases are referred to, to prove that some kind of enactment is necessary to prevent the admission of persons not insane within the meaning of the law. I confess myself ignorant of the meaning of the law of Ohio. Still, the report, when speaking of the old lady, eighty-eight years of age, goes on to say: "She is very old; having loss of memory, of persons and places; has not shown a disposition to injure any one, or herself, or to destroy furniture, clothing, etc.; her natural disposition is good—all of which is true. But does this make her insane?" There are cases in which the diagnosis of the mental condition—whether sane or insane—is a very difficult thing, nor would I take upon me to decide in the case quoted, but what I know is this: anybody may be eighty-eight years of age and become insane, having loss of memory and no destructive tendency at all. Or is "a disposition to injure any one, or to destroy furniture, clothing," etc., an indispensable symptom for declaring any one insane? In the second case, the patient had had hallucinations; her natural disposition quiet; no tendency to injure herself or others. In the third case, "has had hallucinations; can't sleep of nights; natural disposition good; has been an inmate of Cincinnati Hospital for some months; has her mother in Longview Asylum at present." The passages marked by asteroids are quotations from the physicians' certificates, which the report endeavors to invalidate. What symptoms, what age, and ætiology does the learned author of the medical report require, for declaring anybody insane, and for being disposed to admit to the asylum? It seems as if destructive tendencies were required, and as if old age and eleven children, or troublesome behavior at the hospital, were considered reasons for refusing admission in the Longview Asylum. Now the fourth case:

A physician certifies that a boy, aged fifteen, is insane for three years; that he has had hallucinations, and is *continually* talking about picnics, steamboats, and railroads. How is that medical

certificate disposed of? Here was a boy sent to Longview simply because he talked about steamboats, railroads, and picnics. Where did he live? In Pendleton, surrounded by railroads and steamboats, near Ohmer's Garden, filled every day and night by picnics and parties. Anybody but a specialist would not have overlooked "continually," and, then, it is an experience familiar to every body that scenes and things, presented to our senses daily and hourly, very soon fail to make an impression upon us. But if, on the contrary, anything so common, as railroads and steamboats are in America, fills a boy's consciousness so much as to cause him "to talk continually" about them, why, then, it certainly arouses the suspicion that something is wrong in that mental mechanism. If Dr. Webb's views on the baneful effect of Pendleton (with its railroads and steamboats), and of the neighborhood of Ohmer's Garden (with its picnics and parties, day and night), in causing hallucinations and continual talking about steamboats, railroads, and picnics, were generally accepted, the price of real estate in that quarter would go down very rapidly. Almost all of pages 9 and 10 is regrettable; it goes to ridicule the physicians' certificates; nay, even the motives—of the Cincinnati Hospital physicians, for instance—are suspected; it stimulates the uneducated man's prejudice against lunatic asylums in general as places where hard-hearted husbands or relatives, assisted by unscrupulous or ignorant physicians, may succeed in placing a troublesome, although sound, member of their family, and last—not least—excites some uneasiness about the notions entertained at Longview on the nature and symptoms of insanity.

Almost all the rest of the superintendent's report has nothing but the enumeration of "improvements and repairs." However important they may be for the asylum, they might have been mentioned in the engineer's or steward's separate reports. I will not entertain the reader about laundries, power, hydraulic washing-machines, coils of heating pipes, "egg-shaped, open-mouthed" sewers, etc.

If Longview Asylum, opened twelve years ago, had not "airing court, where the patients could daily enjoy pure air and the healthful influence of the sun"—when Dr. Webb assumed his charge—well, then, this would be a sufficient proof of the competency of all those who were in charge of the asylum, and Dr. Webb's suggestion, to provide one such airing ground, is highly meritorious. But, again, there are two points which I am incapable of under-



standing : first, that one such "park" should be a perfect success ; and, secondly, Dr. Webb's modesty in regretting that there are not two such places instead of one. Perhaps the next report will inform us how many airing grounds an asylum of 575 patients should have, besides a common park ?

A greenhouse has been commenced, "the want of which was seriously felt in an institution of this kind. We hope to make it not only, but to make it play, an important part in the treatment of the insane. Who can estimate the influence of pleasant sights and sounds, of flowers and birds, of cheerful paintings, and the soothing influence of music on the harassed and disordered mind?" "We wish to surround it with cheerful sights and sweet sounds ; to draw off, if possible (!), the moody, sorrowful mind from itself, and place it on more genial surroundings ; and what more potent than nature brought to their wards in beautiful plants and flowers?" Beautifully said, indeed ! and if anybody ever suspected Dr. Webb's character, let him read this and keep convinced of the Longview superintendent's humanity and delicacy, and kindness of heart. But this is not what medical men look for in a report from a specialist. I would not like to be misunderstood. I do not speak against greenhouses, charming landscapes, soothing music, flowers and birds, all of which I am very fond of ; but it betrays a singular amount of poetical illusions, if the good-hearted superintendent hopes that these things will play an important part in the treatment of the insane. Does the doctor really expect to draw the moody and sorrowful mind of the melancholic from itself by cheerful sights and sweet sounds, or to arrest the maniac's delirium and violence by music, flowers, and birds? Very pleasant things, indeed, for a small number of reconvalescents, but not indispensable, and, besides, enjoyed by the officers and a number of the incurable patients. As long as there is but one perfect success, I mean airing ground, at Longview, the greenhouse might have been dispensed with. The doctor wishes to present to the patient a well-furnished apartment, and, in so far as possible, remove from his mind the fact that he is under lock and key ; make it a home for him, and thereby immensely assist in his restoration. Does not the doctor know that those who feel at home in the asylum are incurable, whether there be carpets and curtains or not? The desire to keep so costly an institution as a lunatic asylum nicely furnished, and very often even more than that, is very natural and excusable ; but never should it be lost out of sight that the place of

refuge given to an insane should agree with his social condition, with his habits and former surroundings, in as far as they do not go against the rules of hygiene and cleanliness. Too great a contrast is apt to trouble the deranged nervous system still more, and to engender delusions.

In a great many scientific publications, the tables, scaring the superficial reader only by their long series of figures, convey the most reliable information. I will stop a moment to fully apprise those attached to the report. There is, on page 14, table 4, showing occupation of 2,568 patients. For want of explanatory notes, I have not succeeded in drawing any inference at all from the figures given. Does that table intend to inform the reader to what extent the different occupations predispose to insanity? But would it not have been indispensable, then, to state how many individuals in 1,000 inhabitants living have been engaged as agents, actors, and so on, down to weavers, no occupation? See to what erroneous notions the candid reader might be lead: Clergymens' daughters 2 insane, clerks' wives 4, farmers' wives 47, housewives 361, prostitutes 1. That table can not intend to show that the occupation of a prostitute is safer in regard to the preservation of mental integrity, than that of a clergyman's daughter, farmer's wife, or housewife. Table 7, showing causes of insanity in 2,568 patients. When reading this table, I can not help believing that it is one required by some regulation unknown to me, and enacted by some influential member of some board, very apt to provide Long-view with clothing or fuel, but not to inspire a medical man's report. What an idea does it convey when we read, under the head of causes of insanity: Acquisitiveness 1, adversity 15, anxiety 10, business anxieties 12, congenital 49, disease of the brain 12 (!) (as if any one out of the 2,568 patients had had a sound brain), and so on down to "womans' rights" and unknown? If there is any such regulation, as I presume, the doctor should have objected to it, and if not successful with the board, he should have stated that he waived the responsibility for so senseless a formula. Do not say that the reports of other asylums contain the same sort of table; I know they do, some of them, at least; but is that an excuse for a learned man? I could go on and ask some explanations on table 8, but I stop. I have been speaking on what the superintendent's report contains, next will be to state what it does not contain—a chapter hardly less extensive—for which I claim the editor's and the reader's indulgence in advance.

G. HOLDT, M. D.

*More about Bacterians.*

*Editors Lancet and Observer:* Among other valuable articles contained in your last number (January), the communication of M. D. should specially challenge the earnest attention of your numerous readers. Your correspondent has established his claim to their everlasting gratitude. Nor is he less entitled to a similar emotion on the part of *The Clinic*, with its one head and nine tails thereunto attached. M. D. has given your readers a taste of the luscious fruits dispensed so lavishly through the *weak-ly* issues of that medical cornucopia.

Its editor-in-chief, the cephalic extremity of this nine-tailed luminary, has recently clearly demonstrated that hydrophobia is liable to originate *de novo*—from the word go, so to speak. Just think of that, and at once proceed to an introspection and ascertain whether you feel any aversion to water as a beverage. In this connection, important questions present themselves for solution. If hydrophobia may *de novo*-tate man, or the higher order of animules, can it be cordoned or quarantined—say? If bacterian particles can multiply with the frightful rapidity declared by Davine, will it be a probable impossibility to throttle, jugulate, or antidote them? There is one circumstance that would indicate its impossible probability. The bacterian particle—a very lively variety of the higher fungi, according to Davine—carries on the fight under cover, for Prof. Whittaker declares that having subjected Bradford's sputa "to the most searching examination" the little codgers eluded his vision, although he firmly believed, nevertheless, that the lilliputian rascals were in that very specimen of saliva. It might be suggested by some that the microscope used by Prof. W. was deficient in magnifying power; but as he says he made "the most searching examination," it is fair to assume that, if destitute of a satisfactory instrument, he availed himself of one of those two wonderful machines so long kept on public exhibition by one of his friends. What is the use of having a friend if you can not borrow his six hundred horse power microscope.

The communication of M. D. being so entirely devoid of irony and sarcasm, should commend it all the more to your readers. True, he seems somewhat staggered by the announcement of Davine, through his (Davine's) friend Whittaker, that a bacterian citizen, having a fair start, would be able to surround himself with a family of 71,000,000,000 juvenile bacterians inside of sixty-two



hours. M. D. evidently comprehended the difficulty of "farming out" such a progeny, and had he expressed his opinion on another point, he would have pronounced said bacterian not a bachelor, even according to the Salt Lake interpretation of said term.

In the following paragraph your contributor scarcely does justice to his subject: "We are informed that poor Bradford died on the eighth day of his disease. The only wonder is that, with such a multiplication of vegetables in him, he lived so long." According to Prof. Whittaker's friend, Davine, a bacterian lothario will "increase and multiply" to the extent of 4,096 during a terrestrial summerset; and by the time the latter feat is repeated, 16,777,216 bacterians in "buckram" will be found lying around loose; and before the third day is completed by some ten or twelve hours, 71,000,000,000 laddies in "Kendall green" may be counted by any one having a few moments' time to spare.

By projecting this mathematical calculation in Bradford's case, before the arrival of the "eighth day," poor Bradford, in conjunction with the earth upon which he lived, should have "vanished into thin air," giving place to a zoophytic globe at least six times larger than the latter.

M. D., No. 2.

P. S.—I desire to acknowledge my obligations to the following authorities:

*Smith on Carpets.* Subject—Spores. Proposition: If one variety of spores, being in a germinating and reproducing mood, could "form a carpet all over the earth in a very few days," how long would it take them to carpet the universe?

*Treatise on Therapeutics* (not yet issued, but in active preparation). Subject—The curative powers of transfusion in hydrophobia and the hemorrhagic constitution.

*Ready Calculator, by Schreubendike.* Proposition: If one bacterian can turn out 71,000,000,000 within sixty-two hours, how long could we stand such a performance? (Page .0001.)

*Schneiglefritz on Electricity.* Barlow Edition. Subject—Facial Papules, vulgarly called Pimples. Causation—Vibrios. Peculiar to young ladies. Therapia—Barlow's mammoth battery with steam attachment.

## Hospital Reports.

### HOSPITAL FOR SICK CHILDREN, LONDON.

#### CASES OF CHOREA TREATED WITH SULPHATE OF ZINC.

Communicated by Mr. H. T. BUTLIN, Medical Registrar.

The following cases are selected only so far as they illustrate a particular mode of treatment. They comprise nearly all, if not the whole, of the cases of chorea which have been treated with gradually-increasing doses of sulphate of zinc at the Children's Hospital during the past twelve months. Although they do not show a complete success, they appear to merit consideration—in some instances, because the zinc salt was employed after other means had been fairly tried and had failed; in others, on account of the rapidity with which recovery followed its exhibition. In no single case, moreover, was its use unattended with some advantage; for those patients who did not entirely recover on the sulphate zinc only, appeared to derive considerable benefit from it. The tolerance of the drug, which may be established in what would appear to be decidedly emetic doses, is well shown in every case. Some other points of interest in the history of chorea which these cases would well serve to illustrate have necessarily been scarcely touched, as time and space only admit of the report of such details as relate to the mode of administration and the effects of the drug in question. The temperature in most cases was found to range a little above the normal—generally between  $99^{\circ}$  and  $100^{\circ}$ ; whilst in Case 11, for more than a fortnight it continued at or above  $100^{\circ}$ . The combination of hysteria and chorea, in one or two instances, made it somewhat difficult to decide which of the two was the primary disease; while the length of time through which the disease may extend is well shown in Minnie S—.

As regards the indication for giving the sulphate of zinc, it would appear that there does not exist any particular class of cases of which it can be definitely asserted that they will improve

under zinc. In some it has been given because there was no direct indication for any other plan of treatment; in some because other treatment had been tried without success. One thing is certain—namely, that the rough, harsh skin, not unseldom observed in choreic patients, becomes soft and smooth when the administration of the drug is persevered in.

The mode of administration has been much as follows: One or two grains of sulphate of zinc are given in half an ounce of water three or four times a day; occasionally to this is added, in anæmic patients, a grain or two grains of the sulphate of iron. The quantity of zinc is then increased by the addition of a grain every day, or every other day, until either the choreic movements have very decidedly diminished, or until the medicine has caused excessive sickness, when either the quantity of the medicine is gradually lessened or its use is at once discontinued.

The dose is usually given after a meal, and in one or two instances where sickness has followed a small dose, it has been discovered, on inquiry, that it was given shortly before the early morning meal. In several cases where a few grains had caused vomiting, tolerance has been established, and the ordinary mode of administration has been resumed after the omission, for a few days, of the progressive increase of the dose. Several times diarrhea has occurred, but this appears to have been rather a coincidence than an effect of the medicine, for it was not arrested by the mere cessation from the zinc, and many of the other children, not taking the sulphate, were suffering from looseness of the bowels about the same time.

On referring to the latter cases it will be seen that the daily increase of zinc has been at the rate of three grains instead of one, as in the earlier cases. The improvement has certainly been more rapid during the larger increase, and it did not appear to cause any inconvenience to those few patients in whom it has been tried.

Lastly, as regards diet and confinement to bed, the children have been usually kept recumbent, and fed on pounded meat or beef-tea and milk, during the earlier stages of the treatment; but as the irregular movements decreased, and without reference to the quantity of zinc then taken, they have been put upon meat diet and allowed to get up. Stimulants, too, have always been allowed in those cases which appeared to require them. One fact has often been noticed—namely, that if no other treatment be adopted than mere confinement to bed, the choreic movements will



often frequently diminish in a marked degree during the first week or ten days, after which no further improvement takes place.

Whether the sulphate of zinc act as a nervine tonic, or whether, as Dr. West has expressed his opinion in his late lectures at the College of Physicians, it may exert "a specific power over chorea," is a question which still awaits decision.

(Under the care of Dr. DICKINSON.)

CASE 1.—Emily C—, aged eleven years, was admitted with the following symptoms: a frequent, short, hysterical cough, very like a bark; a constant choreic jerking of the body and limbs, which affected sometimes one side of the body and sometimes the other, and, when most marked, was often accompanied by two or three short coughs. She was a fairly nourished girl, and remarkably intelligent. The heart-sounds were normal. Her history showed that thirteen months previously she had been an in-patient of the hospital with symptoms precisely similar; she had then improved slightly under treatment and upon her discharge had relapsed, and continued in the same condition which she presented on admission.

Two days after admission she was put upon two grains of sulphate of zinc, with two of the sulphate of iron, in half an ounce of water, thrice daily, with meat diet and two ounces of wine. The dose of zinc was increased by one grain daily until it reached twelve grains, the quantity of iron remaining as at first. Her cough was then less frequent, and the choreic movements were not so violent. In eighteen days more the maximum dose of twenty-six grains, three times a day, was reached, and a very decided improvement had been attained both as regarded the cough and the movements. In two more days the medicine was stopped in consequence of continued vomiting. In three days it was resumed in twenty-grain doses, which were gradually diminished by one or two grains daily, until, fifth-nine days after the commencement of the treatment, she was placed on a grain of valerianate of zinc in half an ounce of infusion of valerian three times daily. On the following day she was discharged, but she still continued to have an occasional slight cough (no longer of a barking character), and the choreic movements were yet observable at times. On this account she was readmitted three weeks later, and placed on a grain of valerianate of zinc in half an ounce of water. In seventeen days she was discharged well.

CASE 2.—Emily F—, aged nine years. Had always been a

delicate child, and about one year previously had had rheumatic fever. This was followed by a first attack of chorea, which lasted for four months. Since then she had continued well until a month before admission, when she again became subject to choreic movements. When admitted she had well-marked chorea, affecting the body and limbs generally, but more especially the upper extremities. A faint systolic murmur, probably hæmic, was audible at the base of the heart.

She was at once put upon two grains of sulphate of zinc in half an ounce of water, three times a day; and, as in the former case, the quantity of the salt was increased by the addition of a grain either every day or every other day, until, on the twenty-fourth day, she was taking, twenty-six grains of sulphate of zinc three times a day. From the first she steadily improved, and by the time that nineteen or twenty grains had been reached she was almost free from irregular movements.

From twenty-six grains the quantity was gradually reduced to nineteen on the thirty-first day. In four days more she was discharged quite recovered.

CASE 3.—Ellen G——, aged ten. Had been ill for about eleven days before admission. She first made complaint of pains in the limbs. These were speedily followed by general choreic movements. She had always been a nervous excitable child, but had never had an attack of chorea before. There was no history of rheumatism or of fright. The mother was said to be liable to suffer in a slight degree from rheumatism.

The patient was well nourished, with light hair and long eyelashes. Her face was very pale. She had general, but not very violent, choreic movements. A soft systolic murmur was audible at the base of the heart and along the course of the large vessels. It could also be heard at the heart's apex. The heart's action was irregular. As the bowels were confined and her tongue was furred, a dose of calomel and jalap was given.

On the sixth day she was ordered a draught containing one grain of sulphate of zinc and one of sulphate of iron in half an ounce of water, to be taken three times a day. On the sixteenth day the quantity of sulphate had been gradually increased to seven grains, and the choreic movements had grown more violent than before.

The dose was still further increased until, on the thirty-eighth day, she took twenty grains. By this time the chorea was much

diminished. She had not been sick, and the bowels had throughout been constipated, but were easily moved with the aid of aperients.

Twenty-two grains of zinc on the forty-sixth day made her sick, and on the following day the drug was discontinued, and ten grains of reduced iron, three times daily, was ordered instead. She continued to improve, and left the hospital at the end of three months, having spent three weeks at the Convalescent Hospital at Highgate. She had, however, been free from choreic movements for several weeks.

A DRESS-HOOK LODGED IN THE LARYNX; REMOVAL BY BRONCHOTOMY;  
DEATH ON THE SEVENTH DAY.

(Under the care of Dr. GEE.)

For the notes of the following case we are indebted to Mr. H. T. Butlin, the medical registrar. Five days before admission, the patient, Lily A. A—, a healthy child of eighteen months, was pretending, in her play, to drink out of a jam-pot which her mother, a dress-maker, positively asserted to have been empty. Suddenly she uttered a scream, and appeared to be choking. From that time her breathing became difficult; she had occasional fits of choking, and her voice remained hoarse. She could lie down, had been sick the night before admission, but had not brought up any blood. On the day following the first appearance of these symptoms she was examined at one of the general hospitals; but she was not at the time suffering from dyspnœa, only a few bronchial rales were to be heard, and she was prescribed for accordingly.

On admission she had lost something of the healthy appearance said to be habitual to her; she sat up in the nurse's arms breathing loudly with ex- and in-spiratory dyspnœa, and with dilated nostrils. There was retraction of the episternal and epigastric regions. The face was much drawn, and dusky; the lips were of fair color. She had a cool skin, a clean tongue, and a throat of natural appearance. The two sides of the chest were symmetrically affected, while the percussion-note was universally good.

Notwithstanding the assurance of the mother that the jam-pot had been quite empty, the symptoms were so suggestive that Mr. Sankey, the house-surgeon, at the request of Dr. Gee, at once proceeded to perform tracheotomy. Having opened the trachea from the thyroid body upward, the operator perceived a body which,



after clearing away a quantity of thick, puriform matter, he was able to seize with forceps, but not to move on account of its firm attachment. He therefore prolonged his incision upward through the cricoid cartilage, and found that an ordinary dress-hook was attached to one of the vocal cords. A hook of this description, as is well known, is provided on either side of the base with an almost circular loop formed by the curving outward and upward to the side of the stem of the respective ends of the reduplicated wire, and by means of which it is sewn on to the dress. So firmly were the tissues gripped between one of these recurved ends of the wire and the stem of the hook, that it was found necessary to divide them with the knife. The child was sick during the operation, and looked pale and ill for some time afterward.

About three hours after the operation, the breathing being somewhat labored, a tube was passed into the tracheal opening with manifested advantage. In the evening the patient vomited several times, but afterward passed a good night. On the following (second) day the tube was removed at mid-day. She breathed fairly well, inspiring through the wound, and expiring through the mouth and nose. With the exception of the edges of the wound being red and presenting a pouting appearance on the third day, and the discharge of a good deal of thick puriform matter, she continued to make favorable progress until the sixth day, when the tube had to be reinserted on account of difficulty of breathing. This measure gave relief for a time, but in a few hours the difficulty became steadily greater, and neither the introduction nor the removal of the tube, nor any other proceeding, afforded any relief. After suffering great dyspnœa, chiefly expiratory, she died on the seventh morning.

At the post-mortem examination the body was found to be well nourished. The wound gaped and looked unhealthy; it emitted thick, brown, frothy matter. The epiglottis was slightly injected; both vocal cords were much congested; in the center of the right one was found the notch caused by the removal of the hook. The trachea contained a considerable quantity of thick semi-purulent fluid; its mucous membrane was congested. Both lungs were emphysematous anteriorly and œdematous throughout. The bronchial tubes contained a great quantity of thick tenacious matter, and bore evidence of congestion. There was no collapse, and there were no traces of pneumonia.—*London Lancet.*

## ST. GEORGE'S HOSPITAL, LONDON.

## CASES UNDER THE CARE OF DR. OGLE.

*Cases of Epilepsy and Hemiplegia, probably Syphilitic.*—Susan S—, a married woman, aged thirty-three, pale and thin, who had enjoyed general good health until three months ago, when she became subject to "lumps" on the right side of the scalp. After they went away, she became liable to "fits." These have generally come on once a week, and are preceded by a "funny numb sensation" in the right hand, and last five or six minutes, during which time consciousness is completely lost. It appeared that the memory had not been affected; neither speech nor deglutition, nor the power of the sphincters, had been interfered with. At first the tongue used to be bitter, but it had not been so lately; it was protruded straight. On admission the right arm was in a sling, and the power of moving it was very defective, as also of moving the right leg; but no muscular rigidity existed. The power of the left limbs was entire. Everywhere sensibility of the skin was unimpaired, as also the sight, sense of smell, and hearing. The pupils and the movements of the eyes were natural. There had been no spasm or twitching of any of the muscles. The condition of the lungs and heart was natural. Although a syphilitic history could not be elicited, it would seem that probably this disease was at the root of the mischief. The patient is taking iodide of potassium.

*Hemiplegia, probably from softening of embolic origin.*—Mary R—, aged forty-five, a married woman, had suffered pain in the limbs for some days. She was anæmic, with a weak but regular pulse, and white and coated tongue. A systolic bruit was audible at the apex of the heart. The urine was acid and free from albumen. She had had rheumatic fever thirty years previously. A little Dover's powder at bedtime, and some senna for the next morning, were ordered. On the day after admission she was cheerful and natural at the early morning visit of the house-physician, but at one o'clock she was barely conscious. The left eye was partially closed, the mouth was drawn to the right, and the right arm and leg were paralyzed. She has continued more or less in the same state ever since, showing little or no sign of pain or uneasiness, and but little consciousness at any time. There has been dysphagia and some stertor, at one time worse, at another better; and the

urine, which has had to be drawn off from time to time, has become alkaline and slightly purulent. Bedsores also have made their appearance. A very interesting circumstance is that the temperature, which Dr. Ogle has regularly taken on both sides of the body ever since admission, has remained higher in the paralyzed than the other side; on one or two occasions the difference was as great as four degrees.

*Poisoning by Sulphuric Acid.*—A woman took into her mouth a quantity of the acid by mistake, but appears to have spat it out immediately. She was at once treated with magnesia, and two hours afterward she was brought to the hospital complaining of intense burning pain in the throat and stomach in the region of the œsophagus. The lips were greatly swollen and blistered, and the soft palate and uvula were observed to be congested and in places sloughing. The lining of the mouth otherwise was whitish, but not excoriated. Olive oil and bicarbonate of soda were given at intervals by the house-physician, Mr. Risdon. In the evening vomiting of an opaque milky substance commenced, and continued for a little time. Ice in fragments was then given. Two days after admission there was some difficulty in breathing, and Dr. Ogle feared that œdema of the glottis had set in. The pain in the throat was, however, less. Great relief was afforded by the sucking of ice and its application around the throat, and chlorate of potash frequently used as a wash. The patient's strength was maintained by suitable liquid food and small doses of brandy and soda-water. All the symptoms gradually subsided, and, after the use for a few days of quinine and iron, the patient was discharged well.

*Poisoning by the Ammoniated Mercury.*—The patient was a young woman who had taken a pennyworth (thirty or forty grains?) of the drug, under the impression that it was carbonate of soda. She was at once brought to the hospital, and Mr. Risdon gave an emetic of half a drachm of sulphate of zinc, which he followed up by an egg and milk mixture *ad libitum*. After the use of ice and effervescing salines, with a little opium, she soon became convalescent. The symptoms which she mainly complained of were pain at the epigastrium and a peculiar twitching of the muscles of the left arm and leg. For four-and-twenty hours the spasms were very manifest.

*Hæmaturia.*—The patient was a railway porter, aged sixty-one, and had previously been healthy. He had a yellowish tinge of



face. About three months before admission he noticed a little blood in his urine; it gradually increased in quantity until, on admission, he appeared to pass almost pure bright-red blood. Of late scalding in passing the urine, and pains in the back, had existed. The hemorrhage was worse at night, the urethra being often blocked up by coagula. He had been for a month an out-patient. On admission there was no pain in the groin or down the thighs, no retraction of or pain in the testicle; no gravel; no history of any calculus having been passed; and no tumor of the abdomen could be felt. A warm bath was ordered and aperients given, and strict rest enjoined. The next day the urine was much less bloody. The passage of blood and the pain in passing it daily diminished, and Dr. Ogle, wishing to try the effect of rest, gave no medicine except a senna aperient, and ordered a warm bath. Twelve days after admission the blood had entirely ceased, and not even could any albumen be detected in the urine. The tincture of perchloride of iron was given for some days afterward, and the patient went out recovered. Dr. Ogle caused the patient to take one or two long walks in the park, but no hemorrhage followed. He has, since his departure from the hospital, returned to show himself, but hemorrhage had not recurred. At one time Dr. Ogle was about to have the bladder and prostate examined by the sound, etc., but Mr. Lee thought it better not to interfere mechanically.

*Three Cases of Chorea.*—The first was that of a healthy young woman, aged nineteen, who had been married lately, and was three months pregnant. Quickening had not been experienced. Without any apparent cause, such as fright, mental emotion, worms, or rheumatism, chorea, chiefly affecting the left side, came on about three weeks before admission. This was the first attack. She was treated by ether spray applied along the vertebræ at intervals. A second case was that of a girl, aged fourteen, in whom the left side was much affected. This was the third attack. No ostensible cause for the affection existed. She is taking the liquor arsenicalis. Both these cases are still under treatment. The third case was that of a youth, aged eighteen, who had been in perfectly good health until two months before admission, when twitchings of the left arm came on. The left side of the face then became affected, and these parts have remained so. He first had a calomel and jalap purge, and subsequently was treated by five-drop doses of solution of arsenite of potassium, followed by the cold

shower-bath daily, with good diet. He left the hospital almost entirely well.

A case of *paraplegia*, in an old man, which had come on suddenly a few weeks before admission, apparently in connection with constipation. The sensibility of the skin was not apparently impaired, nor were the sphincters affected. Under the use of aperients, followed by increasing doses of the solution of strychnia three times daily, he steadily improved.

A case of *œdema of the lungs* in heart disease much improved by the use of super-tartrate of potash given as a diuretic linctus; and a case of *gout*, with gouty deposits in the ears, relieved by the citrate of lithia, which acted strongly as a diuretic.

Diminution of *ascites* from disease of the liver under the use of iodide of potassium and soap liniment applied over the abdomen.

A case of *diseased heart* in which most intense dyspnœa existed, the only bearable posture being that of kneeling. Much relief followed hæmoptysis. After death very contracted mitral orifice was found, but during life no cardiac bruit had been detected.—*London Lancet*.

---

### GUY'S HOSPITAL, LONDON.

#### WARTY GROWTHS IN THE LARYNX; REMOVAL BY BRONCHOTOMY; RECOVERY.

(Under the care of Mr. THOMAS BRYANT.)

We are favored with the notes of the following two cases by Mr. R. S. Mutch:

A. T—, a healthy-looking boy three years of age, was admitted with complete loss of voice. On examination, some slight swelling, more appreciable to the touch than to the sight, was observed over the external surface of the larynx. Neither the skin nor the adjoining lymphatics were affected. The swelling was hard and immovable.

According to his mother's observation, he had first become hoarse about sixteen months previously, and for about fourteen months had been quite voiceless. His health had always been good. There was no family history as regarded tumors, but abundant evidence of phthisis. The loss of voice was attributed to

his having kicked off the bed-clothes and lain for some time as cold as a "piece of ice."

Having come to the opinion that the child's larynx was occupied by adventitious growths, Mr. Bryant made first an opening in the median line sufficient to admit of the introduction of a tube into the trachea, and then laid the larynx open by an incision from within and below. Considerable hemorrhage occurred, but was arrested by torsion. Innumerable warty growths, springing from the epiglottis and rima, were then removed with dressing-forceps and the handle of a scalpel. The interior of the larynx was then sponged with tincture of perchloride of iron, the tube tied in position, and the incision above it closed with sutures. During the operation the complexion became livid and the respiration slow; but on its completion these symptoms rapidly subsided. On being removed to the ward, the patient was placed near a fire, a screen was placed around the bed, and a bucket of steaming water kept constantly at its side. On the fifth day the tube was removed, and a good deal of discharge issued from the opening; he was found able to express himself in a whisper. On the twenty-third day he was discharged; the wound had closed, the respiration was carried on without difficulty, and the voice had undergone a great improvement. He was seen again sixty days after the operation; the voice had become much more natural, and there existed not the slightest obstruction to the respiration.

#### REMOVAL OF CONGENITAL FIBRO-CELLULAR TUMOR IN THE BUTTOCK.

(By Mr. BRYANT.)

John B—, aged fifty, stated that from birth he had had a tumor on the right buttock, near the median line. Until within two or three years it had neither undergone increase nor caused inconvenience. About two months before admission it began to increase rapidly and became red, hot, and painful; shortly afterward it broke and discharged matter with blood. Still it continued to grow rapidly larger; it continued also to exude blood and matter, but only gave pain when subjected to violence of some kind. There was found to be on the right buttock a tumor eleven inches and three quarters in circumference at the base, and eight inches diametrically over the summit. The skin was somewhat red and thickened. Its summit was flattened, and presented a dark elevated patch about two inches and a half in diameter, with undetermined, but not everted, edges; it emitted fetid sanguineous



matter. The whole was movable on the solid parts beneath; but an indurated condition of the subcutaneous tissue extended to a distance of about an inch from its base. It did not encroach beyond the median line; gentle manipulation produced no pain, and its bulk did not in the least degree interfere with the movements of the leg.

The tumor was excised by means of a circular incision; the bleeding was slight, and was easily controlled by torsion. The patient made an uninterrupted and complete recovery.—*London Lancet*.

---

*New Plan of Dressing Wounds.*—The Paris correspondent of the *Lancet*, observes that the surgical novelty of the day in Paris is M. Alphonse Guérin's new plan of dressing wounds. It consists in introducing a quantity of cotton wool into the stump immediately after amputation, or on any wound whatever, surgical or accidental. The amputated limb—to take this case—is then wrapped round and round with cotton wool, quite dry and alone; a bandage is then applied, and that is all. The bandage is pressed a little tighter on the following day, if necessary, so that there may be a mild compression, but the dressing remains undisturbed till the twentieth or twenty-fifth day, when on removing the packet of wadding a glassful of pus is found in the folds of the cotton, and the wound is discovered quite healed. M. Guerin, amid the extraordinary mortality which has attended all the amputations done since the beginning of the German siege, has already obtained by this means six successful cases of amputation of the thigh out of nine, whilst all his amputations of the leg are doing well. This has created quite a sensation in Paris in the surgical wards of the hospitals, and Professor Gosselin, of La Charite, and M. Guyon, of Necker, are already experimenting with this method of their colleague of St. Louis.

---

*The History of Medicine.*—Messrs. Lindsay & Blakiston propose to issue a book, from the papers of the late Prof. Dunglison, that can scarcely fail to be of great interest to medical men. The manuscript will be revised by Dr. R. J. Dunglison, and consists of the lectures on the History of Medicine, delivered by the author many years ago while professor in the University of Virginia.

## Selections.

*Pathology and Treatment of Cholera.*—Dr. Karl Hertzka, of Vienna, remarks that the investigations of Hallier, published in 1868, show that the intestinal epithelium is thrown off in cholera by a kind of fermentation process taking place in them, owing to which an extraordinary development of micrococcus occurs leading to catarrh. The epithelial cells contained in the mucus show most distinctly the outgrowth of this micrococcus cells to larger and smaller microthrix chains. In addition to this moderate desquamation of intestinal epithelium, there is a considerable discharge of the fluid elements of the blood, and this has been shown by Ranke and Halenke to be due to the absence of the epithelium. Hence the rice-water evacuations. Letzerich has further discovered vacuolæ between the cylinder cells of the intestine, which are continuous with the tubes that form a plexus beneath the epithelium and in the connective tissue, and ultimately open into the center chyle vessel. By means of these passages the spores gain entrance into the lymphatics within the lymphatic glands, where they have been discovered by Klob; thence of course they travel into the blood and lead to destruction of the blood-corpuscles, which, with moderate accumulation of the products of disintegration and the withdrawal of water, explain the symptoms of the various stages of cholera, and a great number of the secondary phenomena. Some of the latter are, however, occasioned by a metamorphosis of the fungus, which, owing to changes in its substratum, presents an alteration of generation. Such secondary affections are the "cholera typhoid," which also depends upon vegetable parasites, that are capable of developing from the cholera fungus, and the diphtherites of the small and large intestine; whilst the pyæmia parotitis, cholera exanthem, and diabetes render it probable that there is a ferment exciter present. The fungus consequently appears as the most probable cause of cholera, and this view is essentially supported by the therapeutics. The whole armory of medicine has been leveled against this disease, whilst the success has been correspondingly limited. Very recently Professor Botkin published the

excellent results he has obtained from the employment of quinine; the mortality only amounting to 17.3 per cent. He prescribed it in five-grain doses, three, four, or more times a day if it were eliminated by vomiting. He also adopted in such cases the plan of subcutaneous injection, injecting fifteen drops of a solution containing a scruple of muriate of quinine, ten drops of diluted hydrochloric acid in 100 drops of water. Besides the quinine powder, he gave most of his patients twenty drops of the following prescription six or eight times a day:

Tinctura quinæ comp.,  
 Spirit. anodyn. Hoffman, āā ʒss.  
 Quinæ muriatis, ʒss.  
 Acid muriat. dil. ʒiss.  
 Ol. menth. æth. gtt. x.

In the treatment of abortive forms of cholera, Botkin used small doses of carbolic acid with good results, as in the following formula:

Acid. carbolic. crystall. grana sex.  
 Quinæ muriat. drachmam  
 Ext. liquirit. q. s. ft. pilulæ lx.

Two to be taken three times a day.

The results obtained by Botkin, though very surprising, are not altogether new, and can at most only be regarded as a corroboration of the fungus theory: Hallier had already in 1867 shown that when he placed one drachm of meat, two grains of diluted acidulated sulphate of quinine, one drachm of water, two drachms of starch-paste, and twenty drops of cholera evacuations, in an isolating apparatus at a temperature of from 25° to 35° R.; after five days the substratum was weakly acid, the meat throughout firm and undamaged, the starch-paste quite unaltered except that the granules were accumulated in numbers of ten or twelve into large balls; with the exception of slight formation of micrococcus and some arthrococcus on the surface, there was no development of fungus. When, however, opium was substituted for the above mixture, prepared in all other respects similarly, putrefaction took place. On opening the vessel a peculiar smell was perceived, and micrococcus was discovered, with disintegration of the various substances. Hallier also mentions that Dr. Hassenstein, of Gotha, had used quinine successfully in cholera in the form of clysters. In regard to carbolic acid, the experiments of Hallier show, that although it checks the growth of the cholera fungus, it is not one



of the most powerful disinfectants. Dr. Herzka continues, that as these results of the use of certain remedies render it probable that cholera owes its origin to a certain fungus, he desires to suggest the employment of various other means that have been found to constitute good disinfectants in Hallier's culture-experiments: Amongst these are red wine, permanganate of potash, sulphate of iron, strong brandy, and tannin. Very recently also, hydrate of chloral has been commended in half-drachm doses, and Reichardt and Blumenthal have published cases in which, when this plan was adopted, the issue was successful. Lastly, attention may be called to a remedy recommended by Kletznisky, ozone taken internally. Kletznisky has shown that if only a few drops of water loaded with fungus be added to a vessel containing fish, they speedily sicken and die, and in the foul decomposition that ensues only the fungus exists. But if the water be previously shaken with a little ozonized acid, and be then added to the water in which the fish are living, no ill effects whatever are observable in them. In the Russian hospitals, during the present year, the employment of all means (as electrical machines) which increase the ozonization of the air has been adopted.—*Wiener Medizinische Presse*, No. 39, 1871.

*Injection of Morphine into the Substance of Muscles for Tetanus.*—M. Demarquay has communicated to the Medical Section of the Academy of Sciences two cases of traumatic tetanus successfully treated by intramuscular injections of morphine. He began by an injection, by means of the usual hypodermic syringe, into each masseter, and into the muscles of the neck on each side of the spinal column. The wound being painful, he also injected morphine into the muscles in its neighborhood. Immediate relief followed. When the contractions returned after a few hours, the injections were repeated, and whatever muscles suffered were thus treated. Thus, the muscles in the region of the back, the loins, and the abdomen were injected, as was also the sterno-clydo-mastoideus; while the course of the diaphragmatic and pneumogastric nerves were respectively selected for the purpose of restraining spasm of the diaphragm, and the difficulty of deglutition from the contraction of the cesophageal muscles.

## Editorial.

*The American Medical Association.*—The secretary, Dr. Wm. B. Atkinson, has forwarded to us the following circulars, which sufficiently explain the arrangements which are making for the meeting, in Philadelphia, next May :

The twenty-third annual session will be held in Philadelphia, Pa., May 7, 1872, at 11 A. M.

The following committees are expected to report :

On Cultivation of the Cinchona Tree—Dr. Lemuel J. Deal, Pennsylvania, Chairman.

On the Anatomy and Diseases of the Retina—Dr. R. F. Michel, Alabama, Chairman.

On the Comparative Pathology and the Effects which Diseases of Inferior Animals have upon the Human System—Dr. Geo. Sutton, Indiana, Chairman.

On the Structure of the White Blood Corpuscles—Dr. J. G. Richardson, Pennsylvania, Chairman.

On Vaccination—Dr. T. N. Wise, Ky., Chairman.

On Skin Transplantation—Dr. J. Ford Thompson, District of Columbia, Chairman.

On the Nature and Process of the Restoration of Bone—Dr. A. L. McArthur, Illinois, Chairman.

On some Diseases peculiar to Colorado—Dr. John Elsner, Colorado, Chairman.

On Correspondence with State Medical Societies—Dr. N. S. Davis, Illinois, Chairman.

On National Health Council—Dr. Thomas M. Logan, California, Chairman.

On Nomenclature of Diseases—Dr. Francis Gurney Smith, Pennsylvania, Chairman.

On what, if any, Legislative means are expedient and advisable to prevent the spread of Contagious Diseases—Dr. M. H. Henry, New York, Chairman.

On American Medical Necrology—Dr. J. D. Jackson, Kentucky, Chairman.

On Medical Education—Dr. J. W. Weatherly, Alabama, Chairman.

On Medical Literature—Dr. Theoph. Parvin, Indiana, Chairman.  
On Prize Essays—Dr. Alfred Stille, Pennsylvania, Chairman.

On the Climatology and Epidemics of—New Hampshire, Dr. G. R. Crosby; Vermont, Dr. G. B. Bullard; Massachusetts, Dr. E. Cutter; Rhode Island, Dr. Edw. T. Caswell; Connecticut, Dr. J. C. Jackson; New York, Dr. W. F. Thoms, New Jersey, Dr. E. M. Hunt; Pennsylvania, Dr. W. L. Wells; Maryland, Dr. C. H. Ohr; Georgia, Dr. A. J. Semmes; Missouri, Dr. W. S. Edgar; Alabama, Dr. R. F. Michel; Texas, Dr. S. M. Welsh; Illinois, Dr. David Prince; Indiana, Dr. Dugan Clark; District of Columbia, Dr. J. W. H. Lovejoy; Iowa, Dr. J. Williamson; Michigan, Dr. S. H. Douglas; Ohio, Dr. J. A. Murphy; California, Dr. F. W. Hatch; Tennessee, Dr. W. K. Bowling; West Virginia, Dr. E. A. Hildreth; Minnesota, Dr. Chas. N. Hewitt; Virginia, Dr. A. G. Wortham; Delaware, Dr. L. B. Bush; Kansas, Dr. Tiffin Sinks; Mississippi, Dr. J. P. Moore; Louisiana, Dr. S. M. Bemiss; Wisconsin, Dr. J. K. Bartlett; Kentucky, Dr. L. P. Yandell, Sr.; Colorado, Dr. R. G. Buckingham; Oregon, Dr. E. R. Fisk; North Carolina, Dr. J. F. Haywood; South Carolina, Dr. M. Simmons.

Physicians desiring to present papers before the Association should observe the following rule: "Papers appropriate to the several sections, in order to secure consideration and action, must be sent to the secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the secretary to whom such papers are sent, to examine them with care, and, with the advice of the chairman of his section, to determine the time and order of their presentation, and give due notice of the same. . . ."

OFFICERS OF SECTIONS.—Chemistry and Materia Medica—Drs. R. E. Rogers, Philadelphia, Pa., Chairman; Ephraim Cutter, Boston, Mass., Sec'y.

Practice of Medicine and Obstetrics—Drs. D. A. O'Donnell, Baltimore, Md., Chairman; Benj. F. Dawson, New York, N. Y., Sec'y.

Surgery and Anatomy—Dr. John T. Hodgen, St. Louis, Mo., Chairman; W. F. Peck, Davenport, Iowa, Sec'y.

Medical Jurisprudence, Hygiene, and Physiology—Drs. S. C. Busey, Washington, D. C., Chairman; E. L. Howard, Baltimore, Md., Sec'y.

Physiology—Drs. Isaac Ray, Philadelphia, Pa., Chairman; John Curwen, Harrisburg, Pa., Sec'y.



Secretaries of all medical organizations are requested to forward lists of their delegates, as soon as elected, to the permanent secretary.

Railroad and hotel arrangements will be announced at an early date.

W. B. ATKINSON.

AN ANNUAL EXHIBITION FOR THE PHILADELPHIA MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The undersigned, chairman and secretary of the Committee of Arrangements of the American Medical Association, have been authorized to invite attention to the project of an exhibition of objects interesting to the medical profession, to be held in Philadelphia during the next session of the association. This exhibition has been suggested as a desirable amplification of what has been customary on these occasions; and is expected to resemble, more or less, the displays of this kind which are prominent features of the annual meetings of the British Medical Association.

In accordance with this determination to have an exhibition on the 7th, 8th, 9th, and 10th of May, 1872, during the next session of the association, the Committee of Arrangements would respectfully and earnestly appeal for contributions of objects to be exhibited—and for other available co-operation—to members of the medical profession, pharmacists, and manufacturers of chemicals, to opticians, instrument makers, publishers and booksellers, and to all others who are concerned in manufacturing or dealing in anything relating to the study and practice of medicine and surgery and the associate sciences.

They will gratefully receive choice specimens and examples (likely to prove interesting through novelty, rarity, importance or superior character) of drugs, medicines, and other remedial appliances—including special chemical and pharmaceutical compounds and materials—as well as the apparatus employed in pharmaceutical and chemical processes; also of optical and other instruments of observation and precision; of surgical instruments and implements; of preparations and objects in natural history, including human and comparative anatomy, morbid or healthy; of models, drawings, paintings, prints, and of printed works—of recent date or standard character—on medicine, surgery, and the associate sciences.

The views of the committee, in regard to the materials and the general nature and purpose of the exhibition, may be understood from the following paragraphs of the original announcement:

"The aim of the committee will be, in this attempt, to provide for the practical and scientific entertainment of the members of the association. Their design is to form a collection of instruments, apparatus, specimens, preparations, models, drawings, plates, books, and all other proper objects that may be obtained or presented in good time for the purpose; and so to arrange it for exhibition as to bring it under the convenient observation of every delegate and professional visitor. They hope, in this manner, without any sacrifice of the usual regard for their guests, to give to the arrangements as much of a professional character as may be in their power. Their desire is to aid in advancing the practical interests of the association, by affording, through an always useful channel, some more direct means, as well as signs, of technical and scientific progress, as an attractive addition to the ordinary routine of written and verbal communications and discussions.

"They can not promise much success in a first experiment—undertaken at unavoidable short notice—beyond that of the pioneer in preparing the way for something better in the future, in the light of experience, and with more time and opportunity for concerted action.

"No mere display of local wealth and variety of means and appliances, or of individual superiority, will be encouraged beyond what is entirely incidental to the general purpose; nor will there be any attempt, on the part of the committee, to present representative or historical collections, although such collections may be cordially welcomed. Competition and completeness, therefore, are not to be expected. No special reports or comparative statements need be looked for; nor will the committee be responsible for the merits or demerits of the several objects exhibited, although obliged to exercise control as to admission and location. Novelty, rarity, and practical character will necessarily have weight in determining precedence; but not at the expense of whatever may be deemed especially characteristic or interesting, whether old, rare, or new. In a word, under their limitation of time, space, and means, they can not undertake a general exposition or an industrial fair. Further and more specific details will be published as soon as practicable.

"The committee confidently hope for encouragement and assistance, in an early practical response from their professional brethren, and from others who may have objects of interest to offer.

They are bound to remind all concerned, however, that the contemplated collection must of necessity be, as much as practicable, select and characteristic rather than varied and extensive. It ought to be comprehensive but can hardly be very full."

The committee trust, moreover, that their hesitation to undertake a very general exhibition will be attributed rather to a natural doubt of their power to accomplish the work with the means at their disposal, than to any disinclination or indifference as to the result. The present call has been issued at the earliest practicable moment, in the hope of securing a sufficiently prompt attention from all parties, to enable them to do justice to the distant contributors, whom they are still apprehensive of being unable to reach in proper time.

The general plan of arrangement, and amount of space to be allotted to the several departments and collections, will have to be decided by the end of March; and all the objects to be exhibited must be within reach of the committee by the second or third week of April next.

In order, therefore, to prevent confusion and disappointment, lists of objects offered for exhibition, and estimates of the amount of space desired for the purpose, will be required as soon as practicable after the publication of this circular.

Communications addressed to Wm. Pepper, M. D., 1215 Walnut street, and F. F. Maury, M. D., 1218 Walnut street, the sub-committee on the exhibition, will receive immediate attention.

EDWARD HARTSHORNE, M. D.

*Chairman of the Committee of Arrangements,*  
1439 Walnut St., Philadelphia.

D. MURRAY CHESTON, M. D., *Secretary,*  
25 S. Sixteenth St., Philadelphia.

*Spring Teaching* has become a prominent feature of the plan of medical instruction in most of our colleges of repute. It enables the teachers to render the course more complete, to add special topics, and to recapitulate others. We noticed the prospective course of the *Miami Medical College* in our last number; but since that issue we are gratified to be able to announce that *all the Faculty* will contribute to the plan of instruction, in addition to the topics heretofore given by gentlemen outside of the Winter Course. The following, therefore, will be the course, to commence the 15th March: Prof. Mendenhall, Diseases incident to Pregnancy and



Parturition; Prof. Mussey, Surgical Jurisprudence; Prof. Richardson, Special Diseases of Women and Children; Prof. Williams, Clinical Lectures on Diseases of the Eye and Ear; Prof. Stevens, Diseases of Women; Prof. Taylor, Diseases of Children; Prof. Clendenin, Sanitary Science; Prof. Norton, Chemistry; Prof. Murphy, Diseases of Brain and Nervous System; Dr. T. H. Kearney, Operative Surgery; Dr. J. C. Mackenzie, Diseases of the Chest and Physical Diagnosis; Dr. J. L. Cilley, Anatomy; Dr. S. J. F. Miller, Obstetrics; Dr. C. P. Judkins, Venereal Diseases; Dr. G. E. Walton, Materia Medica; Dr. O. D. Norton, Minor Surgery, Dressings, etc.

As already stated, there will be excellent opportunities for the study of diseases of the eye and ear, in the daily clinics of Drs. Williams and Ayers, at the college. The dispensary, also, will afford illustrations of other departments in medicine and surgery. The clinics at the Cincinnati Hospital are held every day.

Material for practical anatomy will be furnished at cost. The fees are \$10 for such as take this course alone; but students of the regular course are admitted *free*.

This course combines so large an amount of practical with the didactic instruction, that it can not fail to be of great value to students and of profit to practitioners.

For particulars, address the secretary, Dr. E. B. Stevens.

In the *Medical College of Ohio* we are pleased to notice that a similar course of practical instruction will be given, to commence at the same time, 15th March, and continue *two months*. For special information the reader is referred to Prof. Whittaker. Fee, \$10.

*Rush Medical College*, at Chicago, sends an announcement for a spring course. The course will commence on the 6th of March, and continue to June 26th. As the Rush College was burned in the great conflagration, the faculty have made temporary arrangements to occupy lecture rooms in the Cook county hospital. The circular assures us that the clinical instruction will be abundant and satisfactory. Address Dr. C. T. Fenn, 1195 Michigan av., Chicago.

*A Bill to Regulate the Practice of Pharmacy in Ohio.*—It has been the wish of our better pharmacists, all over the country, that some legislation should be had protecting the community and the profession against unqualified druggists. There are, to this end, two bills now before the Ohio legislature—one, prepared by Dr. Unzicker, of Cincinnati, is essentially the "Baltimore Bill;" the

other, drawn up by the College of Pharmacy, of this city. Both bills aim at the same end, and we think it unfortunate that any petty jealousy should be permitted to divide influence when harmony is just now so desirable, as we fear the result will be a failure to pass any bill.

There are some differences in the two bills. Both provide for a system of registration of pharmacists; both accept pharmacists now in good standing, and graduates of schools of pharmacy; both require the examination of candidates who have not these qualifications by the board of examiners. Dr. Unzicker's bill, however, provides a board of physicians and pharmacists for each county, to be appointed by the probate judge; while the bill prepared by the College of Pharmacy proposes a single board for the State at large, composed entirely of practical pharmacists, nominated by the incorporated pharmaceutical colleges and appointed by the governor.

As already said, the ends contemplated by both bills are the same, and we therefore regret that the friends of each have not harmonized their views and agreed upon one satisfactory bill. Both bills are imperfect, in our judgment. Dr. Unzicker's bill is lacking in completeness, but, after all, may be about as much as can be enforced to begin with; and experience shows it to be easier to amend an imperfect but otherwise good law than to secure a complete one *de novo*. The College of Pharmacy bill is faulty in this respect—it attempts to carry out its plan in a complicated system of details that we fear really cripple it. Besides, the foolish jealousy exhibited in excluding physicians from the board of examiners is unworthy of the honorable gentlemen agitating this measure. The interests of physicians and druggists are so mutual that in all respects a mutual sympathy should exist.

*Approval.*—We regard the effort to bolster up doubtful literary enterprises with special correspondence as, at the best, in very doubtful taste; but still we have frequent letters of good will, that we cherish as evidence that our journal has a hold on the affections of its readers that is of great satisfaction to us, as it would be to any editor, especially as we are so often receiving like indorsements:

"Allow me to say that your journal interests me more than any other medical monthly which I receive. Its impartial editorials and progressive conservatism deserve the very greatest laudation."

*Fifth Annual Report of the Board of State Charities.*—We have to thank Dr. John Davies of this board for a copy of its last report. It exhibits a large amount of work done and investigations made; but it is so compact that to give an idea of the report would almost imply a reprint of it. We find all the reformatory and charitable institutions of the State quite fully, and, for the most part, fairly reported; and, incidentally, much in the way of suggestion that our State authorities may heed with profit. The management of Cincinnati institutions attracts considerable attention: our hospitals, asylums, house of refuge, work house, and lunatic asylum. Some points in the management of affairs at Longview have called for the criticisms of the board; but we have thus afforded an opportunity to Dr. Webb to explain his policy, and to correct some matters of unpleasant newspaper paragraphing. The whole correspondence is detailed in the report. Altogether this board is evidently doing an excellent work, and as they are fearless in rooting up evils we shall expect a happy reform in eleemosynary mismanagements.

*The Boston Medical and Surgical Journal* enters upon its eighty-sixth volume, with Dr. F. W. Draper as assistant editor. Dr. Draper was for a short time a resident of Cincinnati, and by his scholarship and bearing made many friends. We wish him that success in his new position that he so well deserves.

*The Chicago Medical Examiner* comes to us with a new dress. With the opening of the new year it is made a neat double column page, and issued twice a month.

*Stereoscopic Views.*—Messrs. Anthony & Co., of New York, do an immense business in this line. We recently received through this house a very fine collection of views; and for excellence and variety they can scarcely be surpassed.

*Omission.*—By some oversight the card of Mr. Autenreith has been dropped from the business department of this journal. This, we are happy to say, by no means implies that Mr. Autenreith has dropped business; very much the contrary.

*Longview Asylum.*—We thank the superintendent, Dr. Webb, for a copy of the last report. We waive a notice of it, however, as Dr. Holdt has contributed so full an analysis of its matter.



## Reviews and Notices.

*The Science and Practice of Surgery.* By FREDERICK JAMES GANT, F. R. C. S., Surgeon to Her Majesty's Military Hospitals, Crimea and Scutari.

This is a voluminous work on a trodden field, by a gentleman of extensive experience and acknowledged ability, whose reputation as an author would almost warrant us, without investigation, in commending it as a work of merit. But the requirements of the profession demand a careful examination of every work offered for its acceptance. After the most patient analysis our limited time has permitted, we feel compelled to say that the volume is a valuable and comprehensive addition to the surgical literature of the profession, and a monument to the careful, conscientious, and painstaking industry of the author.

It discusses, in a systematic manner, almost all the surgical diseases and accidents to which humanity is incident. Its descriptions of surgical anatomy are accurate, terse, and clear. Its physiological teachings and pathological deductions are in accordance with the most modern developments in those branches of medical science and knowledge. In treatment, general and specific, it is conservative and rational in the highest degree.

The work is embellished with four hundred and seventy woodcuts, illustrative of cases, the modes of operation, and of all the modern operative instruments in use. It is prefaced with an ample table of contents, and closes with a very full and minute index, enabling students at a glance to refer to any desired information within its lids. No one wishing to keep himself abreast with the surgical knowledge of the day, with all the modern improvements and appliances in treatment, can well afford to have the volume absent from his shelves.

It bears the imprint of the Messrs. Lindsay & Blakiston, Philadelphia, but its uncut edges suggest that our cousins over the water had something to do with the printing. It is substantially bound, and will be found on sale with Messrs. George E. Stevens & Co., 39 West Fourth street. Price, \$7.50.

*A Text-book of Pathological Histology.* By Dr. EDWARD RIND-  
FLEISCH, Professor of Pathological Anatomy in Bonn. Trans-  
lated from the second German edition, with permission of the  
author, by William C. Kolman, M. D., assisted by F. F. Mills,  
M. D., Professor of Anatomy, University of Maryland.

This is an able and an exhaustive work on one of the fundamental branches of medical science, and its author has brought to the discussion of all the questions involved the trained and matured powers of a vigorous mind. His research has penetrated beneath the surface, and with the aid of the microscope down to the ultimate germinals of organic life, and with a force of reasoning and deduction he has attempted to establish his theories of pathological change on natural principles inherent in the human system. And while he has given due credit to his predecessors and co-laborers in his branch—learned and able men as they are acknowledged to be—he has not hesitated, however, to differ from them where his convictions have led him to opposite conclusions.

Every organ, membrane, tissue, substance, and appendage of the human frame has passed under his searching review, and all their multiple pathological changes and degenerations are discussed in such a manner as to carry conviction to the mind of the reader, that the author—if not always right in his conclusions—is yet and always a man of earnest convictions.

The work has been translated into vigorous idiomatic English, without any of the hybrid, bastard phraseology so common of late with the tribe of half-fledged weaklings, who—with a superficial knowledge of their mother tongue, having gone the grand rounds of Europe, sipped wine in the cafes of Paris, drank of the Rhine, and swilled beer in the gardens of Berlin and Vienna, and returning to their homes with a smattering of French and German, and setting up, forsooth, as translators—interlard their language with hermaphrodite expressions foreign to the genius and structure of all of them. The habit betrays the pedantry alike of ignorance and vanity. We commend the good taste and sound judgment of the translators in avoiding such an error.

The work embodies a really able and valuable addition to the medical knowledge of the day, and should be found in every medical library in the land. It is embellished with over two hundred wood-cuts, executed in the highest style of the art, and with its substantial binding, its clear, legible print, its firm, smooth paper, and its clean cut edges, it is every way a credit to the publishing house of the Messrs. Lindsay & Blakiston. It will be found on

sale with the Messrs. George E. Stevens & Co., 39 West Fourth street. Price, \$6.

*Emergencies and how to Treat them.* By JOSEPH W. HOW, M. D., Visiting Surgeon to Charity Hospital, Lecturer on Surgery in the Medical Department of the University of New York.

This little work has a taking title, and was written by a gentleman of acknowledged ability, to fill a void in the profession.

To the general practitioner in towns, villages, and in the country, whose time is actively engrossed in the duties of a wide-spread and laborious practice, and who has by turns to act as surgeon, oculist, obstetrician, and general practitioner, where the greatest and gravest responsibilities incident to the profession are often encountered, and where the aid and moral support of consultation can not be availed of, this volume will be recognized as a valuable help.

Among the subjects treated of are hemorrhage, wounds of organs, wounds of veins and arteries, poisoned wounds, strangulated hernia, coma with its exciting causes, convulsions, suspended animation, drowning, complications of labor, poisons with their antidotes, etc. All these conditions, and others not enumerated, are discussed briefly but intelligibly, and plain, efficient, and rational rules of treatment enforced. The chapter on poisons will amply repay any one the cost of the book. In style it is colloquial, unpretentious, and wholly free from pedantry, which will render it all the more agreeable to the general reader. We commend it to the profession. In paper, print, and binding, it is all that could be asked. It is published by D. Appleton & Co., New York, and will be found on the shelves of Messrs. Geo. E. Stevens & Co., 39 West Fourth street.

*The Works of Sir James Y. Simpson.* Vol. II.

Appleton & Co., of New York, are engaged in the reprint of Sir James Simpson's works, of which the present is volume 2, and contains the distinguished author's views on anæsthesia, hospitalism, hermaphroditism, and a proposal to stamp out small-pox and other contagious diseases.

The writings of Simpson have had a wonderful influence upon the opinions and practice of the medical world, especially upon the very questions embraced in the volume before us. In this edition of Simpson's works, edited by his son, the various contributions have been so arranged as to follow a natural and logical



course. Thus in the discussion of the questions pertaining to anæsthesia, we have its history, its defense, some account of the various agents, applications to medicine, surgery, and midwifery, so that the reader obtains very readily a complete study of the whole subject.

We are glad the publishers are doing so good a work in thus presenting the writings of Simpson in so attractive a style, and in such a way as to preserve them in easy reach of the profession.

For sale by Robert Clarke & Co. Price, \$5.

*Neuralgia and the Diseases that Resemble it.* By FRANCIS E. ANSTIE, M. D. New York: D. Appleton & Co., 1872.

Dr. Anstie is known as an excellent contributor to medicine; whatever he writes is always readable and profitable to read. Our author tells us that in this book his object "was to vindicate for neuralgia that distinct and independent position which I have long been convinced it really holds, and to prove that it is not a mere offshoot of the gouty and rheumatic diathesis, still less a mere chance symptom of a score of different and incongruous diseases."

The introductory chapters are devoted to the nature, complications, and treatment of pure neuralgia. In the second part of the book we have the author's views on neuralgia, spinal irritation, locomotor ataxy, pains of alcoholism, syphilitic pains, etc., diseases which Dr. Anstie regards as not neuralgia, but *resembling* neuralgia.

For sale by Robert Clarke & Co.

*Consumption: Its Pathology and Treatment.* To which is appended an Essay on the use of Alcohol in the Treatment of Consumption. By WADE MINOR LOGAN, M. D. S. W. Butler, Publisher, Philadelphia, 1871.

The substance of this little monogram was originally read to the Academy of Medicine in this city, and published in the LANCET AND OBSERVER. The views of Dr. Logan are not entirely original. He holds that nitric acid may be regarded as one of our most reliable curative agents in the treatment of this disease. This view is based largely on theory, but our author thinks his clinical observations sufficiently extended to confirm his view. Dr. Logan's paper has attracted considerable attention; but while we compliment our friend for his industry and energy, we doubt if his ultimate experience, or that of the profession, will prove so favorable as he now fondly hopes.

## Obituary.

*Dr. David Stanton*, of New Brighton, Beaver county, Pennsylvania, died November 5, 1871. He was the son of Dr. Benjamin and Martha Stanton, of Salem, Columbiana county, Ohio, where the latter still lives, beloved by all who know her. Dr. S. was born June 9, 1829, and was therefore over forty-one years of age. Brought up as a member of the Society of Friends, of which both his parents were members, his early impressions were in accordance with the tenets of that society. His worthy and most excellent father, who died about eleven years since, was one of the best physicians of the State of Ohio; not pretensive, but whose solid worth was best known among his most intimate friends. His precept and example were well calculated to impart to the son and impress upon him the foundation of a noble character. The writer of this knew the father well, and the son during his early infancy and in after life, and can bear testimony to the worthiness of character and strict integrity of both. Dr. David Stanton graduated with honor at the Cleveland Medical College in 1850. He immediately settled in New Brighton, where he soon acquired the confidence of the people, and was a successful practitioner of his profession. In 1857 he again graduated at the University of Pennsylvania. When the war for the Union was declared, he entered the service of his country, with great zeal for the cause, as surgeon of a cavalry regiment. He was soon after appointed brigade surgeon and appointed superintendent of hospitals. He was also appointed as acting medical director of the northern department of the army and assistant to Dr. Tripler, of the regular army, who was director. Their headquarters were at Cincinnati during the war, and afterward removed to Detroit. Dr. S. was, during this service, appointed colonel. While in this city he made many friends among our citizens and the profession. He was a man of decided ability, combined with great suavity of manner.

In May, 1871, he was nominated by the Republican party of Pennsylvania for Auditor-General of State, and triumphantly elected in October, a few weeks before his death. On the day of his funeral, stores were closed, business was suspended in the town,

and all classes manifested the high esteem and great love for their departed friend and physician by attending his funeral and mingling their tears with the relatives of the deceased.

He was a brother of Wm. Stanton, Esq., and Dr. Byron Stanton, of this city. In reference to the cause of his death: About six weeks before this event he made two post-mortem examinations in medico-legal cases. The bodies were in an advanced stage of decomposition; he inhaled poisonous odor, and expressed himself a short time before his death as not having felt well since the examinations, and considered that he had been poisoned thereby. Two or three days prior to his decease a small erysipelatous spot appeared on his left cheek, accompanied with a slight chill; this spread on the following day to the whole of the side of the face, with an exacerbation of fever and severe burning pain, which prevented rest. With the consent and advice of his physician, it was concluded to use a hypodermic injection of morphia. Before retiring for the night it was administered by himself with the syringe, and in such quantity (about two-thirds of a grain) as he had frequently used before. In a short time afterward he fell asleep, when his stertorous breathing aroused his wife, and medical aid was promptly sent for and procured without much delay. All the usual remedies and appliances were resorted to and failed to restore him to consciousness. He died in about six or seven hours after the use of the injection. An unusual effect of the morphia was probably produced by the poisoned condition of his system. Thus has passed away another of our most cultivated physicians, best citizens, and genial gentlemen that the profession could boast.

G. M.

*Dr. James P. Cummins* died at West Chester, Butler county, Ohio, December 29, 1871, aged forty-seven years. Dr. Cummins was an excellent man and a safe, attentive practitioner. For a number of years he has been "passing away" as a victim of consumption; and, while progressive disease evidently impaired his capacity for professional work, it developed the traits of a correct Christian character. For many years he had been an exemplary member of the M. E. Church. Many will feel sad in the death of so amiable a physician.

E. B. S.



THE CINCINNATI  
LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—MARCH, 1872—No. 3.

---

Original Communications.

*Art. I.—Reply to Roberts Bartholow, M. D., on "Some Medico-Legal Questions in the Watson-Shryock Murder Case," in The Clinic of February 3, 1872.*

By R. H. JOHNSON, M. D.

But for one, at least, unfortunate defect in the character of Dr. Bartholow, and he would have my commiseration, for he winces. That defect is to perceive a beam in every other eye, simply because he habitually carries one in his own. In the Watson-Shryock murder case at Evansville, Ind., Dr. B., by his testimony at the trial, and his "remarkable assertions" in *The Clinic*, has signalized himself by this defect, as I shall demonstrate in this reply.

I quote from Dr. Bartholow in *The Clinic* as follows: "A Dr. Johnson, of Cincinnati, who admitted that he had been physician to Watson's family, and was employed by Watson's brother to attend the autopsy," etc. It is sufficient to remark that the word "employed" in the above quotation is entirely without warrant.

When the prosecuting attorney, on cross-examination, asked me if I was *requested* to witness the autopsy, I answered in the affirmative. The next question was, who requested you? I replied, James Watson, brother of the defendant. The word "employed" was not used by the prosecutor or by myself. The record of the evidence also shows that in answer to a question: "How long I had known the family, and what was the character of Lewis Watson?" I stated that I attended his mother professionally more than twenty years ago, and that Lewis Watson stood for character in Cincinnati as well as any man. I had never known him to have a difficulty of any kind. I quote again from Dr. B. in *The Clinic*: "But Dr. Johnson acted as an expert, whose business it was to defend the accused." It will be time enough for Dr. Bartholow to inferentially impute perjury to a medical witness, when he shall have vindicated his own veracity against the circumstantial charges made by Dr. C. G. Comegys in the Cincinnati *Daily Enquirer* of October 14, 1870. Now who "employed" Dr. Bartholow, for he acted very much like an expert whose business it was to assist the prosecution? And what has been the notorious relations of this man to the Lawler case, and conduct as a witness in behalf of those who have been contesting the said Lawler's will? What has been and is his professional relation to those contestants during the trials concerning this estate? Let Dr. B. himself answer.

I now come to "facts and falsehoods" in the Watson-Shryock case, and I shall make no assertions that I can not substantiate by the record. Dr. B. says, "The ball entered the right lateral plane of the body in the intercostal space between the ninth and tenth ribs." True! but why did not Dr. B. say so on the witness-stand? When asked by Col. Denby where the ball entered the body, Dr. B.'s answer was: "Between the seventh and eighth or the eighth and ninth ribs." Dr. B. knew, as I did, and as I testified, and as all who witnessed the autopsy and testified at the trial, that the ball—as Dr. B. now says—passed between the ninth and tenth ribs. Now, I thought when I heard this testimony given, and I still think, to put it mildly, that Dr. B. was stretching a point to maintain his theory (a platform on which he stood alone), that the ball passed through the thickest part of the right lobe of the liver, for neither at the autopsy nor on the witness-stand did any one agree with him that there was any evidence of the ball ever having touched the liver. Even young Dr. Harvey, whom Dr. B. gives such fulsome laudation (for a purpose), testified that the ball

passed *through* the liver, but on cross-examination said he saw no mark or cicatrix on the left and inner surface of the liver, but he saw the slight irregular-shaped scar on its right upper surface.

As Dr. Bray testified to very slight hemorrhage and no collapse, Dr. B.'s cant about Dr. Bray probing the wound amounts to nothing. Dr. Bartholow imputes to Dr. Bray enormous ignorance in having used the probe in his case, and in the course of his criticism, Dr. B. presents the following question: "Are wounds of the thickest part of the liver necessarily fatal?" In response he cites from circular No. 3 for 1871, three cases—Drs. Whitehead, McKee, and Hassig's—in which the right lobe of the liver at its greatest diameter was wounded, and yet recovery ensued. Severe shock occurred immediately, but general peritonitis did not supervene in either case. As they recovered, how was it satisfactorily determined that the thickest part of the liver was wounded? If these reputable surgeons did not probe the wound, how was it possible to know that the liver had been perforated through its thickest part? If they did use the probe, why does Dr. B. charge Dr. Bray with "enormity" in probing in this case? Dr. Bray is an old and distinguished surgeon, very successful and popular, the leading man in the profession at Evansville, and is considered by her twenty-five thousand population to be the surgical gospeler of the whole region round about.

Dr. B. says, "The evidence of general peritonitis was conclusive. The intestines were glued together by inflammatory exudations." True! and when I remarked to him at the autopsy that we had all this in idiopathic peritonitis, he replied: "I think not—only in traumatic." Now, I suppose I ought to quote a long list of German and French authorities—this is a good place to have them come in; but I am, with many others, disgusted with this "prodigiously pretentious" habit of *The Clinic*. The intent is "sensational," and partakes too much of the *ante mortem*, toxic theorizing in the Buffenbarger "Medico-Legal Learning," which, when subjected to the touch of true criticism, collapsed like a wind bag. But seriously, does Dr. B. assert that we only have general peritonitis, gluing of the intestines together by inflammatory exudations, etc., etc., in traumatic peritonitis? If this doctrine is true, deaths need not occur at all from peritonitis by damp, cold, and other causes; and yet we find, by the record of England for the single year 1861, over 1,600 deaths occurred from peritonitis without any injury whatever. Not to be altogether out of fashion,



I must be permitted to introduce one distinguished authority here to refute Dr. B.'s exclusive traumatic theory of peritonitis and its concomitant results. Prof. Duchek, of Vienna, says, in a clinical lecture published in the *Wiener Med. Press*: "There is one disease, however, whose differential diagnosis in this regard will give you trouble. It is chronic peritonitis. This is usually associated with neoplasms, tubercle, etc., and there is not only fluid effusion present, but also new formations, false membranes occasioning adhesions between the intestines, abdominal walls, and other organs. Fluids of this origin do not change place in the same manner on rapid change of position of patient. It flows between the adherent intestines, and even this change occurs slowly and imperfectly, correspondingly mystifying the sounds of percussion. If, then, the fluid may not be moved in toto, the supposition that pathological adhesions are present is justifiable." I shall have occasion to call in this authority again, and request him to rise in explanation of a still more important matter, and in refutation of a still more glaringly false theory of Dr. B.

I have not seen Dr. Carey's report to the coroner, but Dr. B. says Dr. Carey, in his report, makes the extraordinary statement that this fecal matter was found external to the descending colon, and referring to two points of perforation in the bowel, leaves it to be inferred that this escape of feces was *ante mortem*. Dr. B. knows, as well as Dr. C. and myself, that these perforations of the colon were *ulcerations*, and that this fecal matter had escaped through. "In separating some of these bands attached to the descending colon, the bowel gave way and perfectly normal feces escaped." How the bowel gave way, and more on this point, we shall probably learn from Dr. Carey himself, and his testimony will be reliable. And how perfectly normal these feces must have been, in a subject dead and buried about three weeks, is almost as clear as Dr. Harvey's testimony about the ball going through the liver, though he could find no cicatricial evidence of it on its left and inner surface. But the next sentence caps the climax for logic, and settles the question, if ever doubted, that this man is a "scientist" of the first water. Dr. B. says that "he (Dr. Carey) intends this inference to be made is evident, because he immediately alludes to a collection of about sixteen ounces of yellow fluid, having the color of feces, in the right hypochondrium." Dr. C. intended no such inference, for the ulcerations of the colon and

the escaped feces were on the left side of the body, while the sixteen ounces of yellow fluid were on the right side.

I leave to Dr. Carey, who is able to defend himself, the task of disposing of Dr. B.'s paragraph on "No evidence of intestinal lesion, as the feces were not visible until Dr. Carey used his knife (knife-handle—R. H. J.) to separate the adhesions," "theory made use of by an expert called for the defense," etc.

I did testify that the external wound was not in relation to the cicatrix on the liver; and when, at my request, Dr. Carey replaced the liver, they were found not to be, and Dr. Carey's remark was, "Nonsense!" Now, if Dr. Harvey passed the probe through the external wound and into the liver, why did neither Dr. Carey or myself see the performance? Dr. H. was acting as clerk for Dr. C., taking notes—and had a pencil in his hand constantly—but I saw at no time a probe in his hand. Dr. B. says: "I saw this experiment made, and testified positively to the fact." Why "positively?" If he *testified*, that ought to have been sufficient. Dr. B. saw the wound of entrance of the ball was at the lower margin of the ninth rib. Did he testify "positively" to the fact? He did not. "Dr. Johnson made many remarkable assertions in the course of his examination." I have already pointed to some *very* remarkable assertions of Dr. Bartholow. His elaboration of a slight cicatricial spot—so slight as to be almost imperceptible—upon the liver, as testimony, is worth about the same amount as his "remarkable assertion" that the ball passed between the seventh and eighth, or the eighth and ninth ribs. The irregular-shaped scar—not round—which Dr. Bartholow was so very anxious to magnify, and have caused by a bullet, was not the sixteenth part of an inch in depth, and from its shape and perfectly healed condition, was, as I testified—in my opinion—the scar of an old abscess—a very small one at that. But I now think it may have been syphilomatous, and shall produce strong evidence and reasons for this belief. As to the "connection with the external cicatrix, there was found a perforation extending entirely through the right lobe of the liver." Now, who sustains Dr. B. in this assertion? No one; not a single witness. Dr. Carey, who made the autopsy for the coroner, did not; nor did Dr. B.'s young protege, Dr. Harvey, for he testified that he saw no wound of exit of the ball on the left and inner aspect of the liver. He was then asked how he thought the ball got *through* the liver and lodged where it was found over the left kidney?—"when he was

put in the deplorable condition of having no theory " by which to get it through. He could not, and did not, attempt to answer this question. The record of the evidence by all the attorneys can be examined. Then, how did the ball get through? No one saw where it made its exit. The record of testimony by Dr. Harvey corresponded nearly, as intended, with Dr. B. about this *great canal* in the liver, until he reached the inner left side of the organ, and here he could find no cicatrix indicating where the ball had passed out. Here he left Dr. B. floundering alone, while he, Dr. H., was in a *cul-de-sac*. Then, how did the ball get through the liver? It was found in a fold of the peritoneum over the *hilus* of the left kidney. It had not touched the kidney. That organ was normal. Nor was the peritoneum injured in the least. But Dr. B. says Dr. De Bruler testified that a wound of the liver is not necessarily fatal, but that "a ball passing through the liver and lodging in the left kidney would produce a serious injury." Of course it would! But what has this kind of testimony to do in the case under consideration? The ball did not "lodge in" the kidney; no one except Dr. B. pretends it did. It had never touched the kidney, and no one sustains him that it passed through the liver. Now, where is the relevancy of the testimony of the "accomplished" De Bruler, and what becomes of the testimony of the "scientific" Harvey, that "the ball passed through the thickest part of the liver," when he testified that he saw no evidence of a wound of exit on its inner surface?

"Dr. Johnson testified in court that this perforation had no existence, and Dr. Carey does not allude to it in his report to the coroner, although it was laid open and commented on at the autopsy." Yes, commented on by Dr. B.; but regarded as nothing by any one else. Perhaps a cambric needle might have been pushed in to the extent of an inch; and the foreign matter Dr. B. so much exaggerated would amount to a grain or two. The enormous magnitude sought to be made of these slight cicatricial remnants of old hepatic disease, by the expert Dr. Bartholow for the prosecution, can not fail to be appreciated by the reader when he recurs again to the attempt of the expert to make the ball pass in "between the seventh and eighth, or the eighth and ninth ribs."

Dr. B. says: "I should not fail to notice the attempt to explain the cicatrix on the right lobe of the liver by an assumption that it was syphilitic in origin. Evidence was introduced at the trial



to show that Shryock had been syphilized, but there were no external or internal manifestations of syphiloma found at the autopsy. The cicatrix on the liver presented none of the characters significant of this condition, and the rest of the organ not affected by the ball in its passage, was free from 'suspicion of syphiloma.' (Virchow, Syphilis de Leber.) Suspicion of syphiloma, as evinced by the opaque, whitish, shiny cicatricial tissue either in linear or rounded form, or in bridles with branching processes (Duchek) on the surface of the liver in this case, instead of a bullet mark, is evidently on the mind of Dr. B. Prof. Duchek, of Vienna, says: "This cicatricial formation in the liver is, according to late investigations, not so very rare, and the masses of connective tissue often encountered in the liver with whose genesis we were quite unacquainted ten or twelve years ago, we have learned in the last few years to regard of a syphilitic origin. Syphilis is then a fruitful source of connective tissue proliferation and of stasis in the portal circulation." (Duchek, Virchow, Syphilis de Leber—Clinic De Bartholow.)

The absurdity of Dr. B.'s assumption that the "gall-stones found had been formed very recently," and that the "gall-bladder is not essential," a "remark which indicates he is not aware" that "when they are prevented from passing through the gall-ducts, they obstruct the passage of the bile into the intestines, and produce also many inconvenient symptoms, particularly the jaundice," just what I substantially testified to at the trial. One of the stones would weigh near an ounce, irregular in shape, very dark, and rust-colored, resembling iron-ore, and hard, till exposed some time to the air, when it crumbled by pressure into many fragments. Another, half the size of the former, but resembling it perfectly in appearance, was also found; and a third, perfectly white and of the size of a large pea. The last one was what Fourcroy called *adipocere*. The former two, polygonal shaped, is formed of concentric layers of inspissated bile. Does the reader think these "had been formed very recently," and that they would not seriously affect the health, the gall-bladder being so impacted with them as to be considerably distended and enlarged?

Again, Dr. B. finds it very easy, with his facile pen, to distort my language and testimony, not one word of which he heard, and which, if published, I never saw; so that it is quite evident he is in correspondence with that "very intelligent and accurate physician," Dr. Harvey, who has been in practice just six years (no disparagement intended). "But Dr. Johnson acted as an expert

whose business it was to defend the accused," and I must be permitted to retort, that Dr. Bartholow's *inaccurate* testimony shows that he acted as an expert whose business it was to assist the prosecution.

The ball, "which passed through the liver, was found upon the anterior surface of the left kidney," directly on a line with the external wound and the perforation of the liver. Whose testimony is this? Dr. B. does not say, but he knows the ball was not found on any surface of the left kidney. "Dr. Johnson caused it to be deflected by the ninth rib, and could not be induced to believe it had entered the abdomen at all until it was found on the left kidney, when he was put in the deplorable position of having no theory to explain its presence." Mark, now, how plain a tale shall put him down. Dr. B. garbles my testimony at the trial, and connects it with remarks made at the autopsy, to suit his purpose. My testimony was, on this point, that the ball struck the lower border of the ninth rib, and was deflected downward and inward. My remark at the autopsy was, before the ball had been discovered and in the absence of any internal injury, "The ball may not have entered the body." And in this garbled and unfair attempt to hold me up to ridicule about having no theory, Dr. B. again repeats, "it was found *on* the left kidney." Further, Dr. B. says that several of the principal physicians of Evansville, Dr. S. W. Thompson, Dr. J. M. Myler, and Dr. De Bruler, examined as experts, testified that a ball entering the right, lateral plane of the body, between the ninth and tenth ribs, and reaching the left kidney, would necessarily pass through the right lobe of the liver." Then, why Dr. B.'s anxiety to make it pass in higher up but to get it into the thickest part of the right lobe? These theoretical experts did not say the thickest part as Dr. B. did. They were correct in part, and if there had been no deflection of the ball downward and inward; but the ball was deflected, and being a round ball, was all the more reason for its deflection.

Gross, in his great System of Surgery, says that, "Wounds of the liver are nearly always fatal, generally within the first forty-eight hours after their infliction. The organ is extremely vascular, having three sets of vessels—the hepatic artery, the portal vein, and the hepatic veins; hence it is impossible for any weapon, however small, to penetrate the parenchymatous substance without dividing some of their branches. If the wound involve a large vascular trunk the hemorrhage may prove speedily fatal." (Gross, p. 622, vol. 2, 3d ed.) This, substantially, was my testimony on wounds

of the liver. There was neither hemorrhage nor collapse in Shryock, and yet Dr. B. will have a hole through the thickest part of his liver "as deep as a well." Dr. B. says, "It is now perfectly well known that abscesses of the liver frequently discharge through the lungs; that adhesions form between the pulmonary and diaphragmal pleura, and that an inflammatory process is set up in the lungs to make a passage-way to the bronchi." Yes, but what has this to do with the case in hand? All irrelevant, "Frerichs, Murchison, and Rokitsansky" to the contrary notwithstanding. Or, does Dr. B. mean to sustain my testimony, that the abscess of the liver in Shryock, which had burst and discharged about sixteen ounces of yellow fluid, was of more remote origin than the shooting? But Dr. B. can not mean this, because there was no evidence of the contents of this abscess having "discharged through the lung." Then what does he mean by this inapplicable quotation? That "model of clearness and scientific accuracy," the youthful Harvey, said "that a gunshot wound of the liver may prove immediately fatal by hemorrhage and shock; that if the patient recover from the immediate effect of the injury he may succumb to the results of the inflammatory process." "May prove"—"if the patient recover"—"he may succumb," etc., etc. How much weight this kind of testimony had with the jury, when it was in evidence that Shryock scarcely had a particle of external or internal hemorrhage, nor "shock" nor "succumb," is shown by the defendant's acquittal, though the "confident" Dr. Bartholow attributed the acquittal to "a foolish vanity some physicians in the witness-box are actuated by, leading them to differ on matters of fact (?) and opinion, because in agreeing they would appear to be no wiser than their colleagues. Nothing seems to be more grateful to such weak minds than this mode of asserting their superiority. Moreover, professional prejudices frequently intervene to bias their opinion. They are sure to differ with an opponent or professional. It follows, from these facts (?), that courts look with suspicion on expert testimony, and lawyers make use of it to confuse rather than to enlighten juries. The Watson-Shryock murder case furnishes no exception to this customary conduct of medical experts; and the acquittal of Watson, the accused, is largely due to the confusion in which they involved simple matters of fact." (!)

Dr. B. had better omitted this verbiage. It is a weak exhibition of spleen and impotent rage. He is the only one here, or at Evansville, whose "confusion" is apparent from "*simple matters of fact.*" Let the galled jade wince.



*Art. II.—Successful Application of the Artificial Membranam Tympani.*

By S. C. AYRES, M. D., Cincinnati.

In May, 1870, Miss M—— consulted me with regard to an otorrhea from which she had been suffering since childhood. Her hearing at that time was very imperfect, and she was constantly annoyed by a profuse and offensive discharge from both ears. She could not hear ordinary conversation at all, and at a distance of three feet required to have the voice raised above the ordinary pitch.

Upon examination, I found the membrana tympani of the left ear opaque, lusterless, and drawn out of its natural position by firm adhesions to the wall of the labyrinth. Inflation by means of the eustachian catheter made no impression on her hearing, nor on the cicatrized position of the membrana tympani. She did not hear even very loud sounds with this ear.

In the right ear I found a large perforation of the membrana tympani. It was situated downward below the end of the handle of the malleus and a little forward. The mucous membrane of the tympanum through this perforation appeared granulated. The discharge from the ear was profuse and purulent. She was only able to hear my watch five inches from the ear.

I commenced the treatment by instillations of arg. nitr., which soon had a very beneficial effect. The granulations slowly disappeared, and the discharge diminished in quantity. At the same time I inflated the ear by means of the eustachian catheter, which always gave her great relief. For some hours after each treatment she would hear better, and then when the cavity of the tympanum would fill up with the secretions, her hearing would become dull again.

The case progressed favorably in the course of a few weeks in all respects. The quantity of discharge was very much diminished, and her hearing distance had improved considerably, but not enough to enable her to hear ordinary conversation.

Thinking it would be a suitable cure to try the effects of an artificial membranum tympani, I inserted one, and was gratified to learn that it improved her hearing very much. At first it caused loud roaring and unpleasant sensations in the ear, but these soon subsided and in a few days she wore it very comfortably. I then

tested her hearing, and found that she could hear words distinctly spoken in ordinary tones of my voice a distance of twenty feet. Tested by my watch, the hearing distance had increased from seven to eighteen inches. The hearing distance for the voice had increased much more in proportion than for the watch.

She was highly delighted with this new and valuable assistance, for it had really opened a new world of enjoyment to her. She could now hear ordinary conversation with ease, and felt as if she was not shut out from the society of her friends.

A letter received from her lately informs me that "she can hear the ticking of a watch nearly seven feet; that she hears general conversation without difficulty, and that she can hear words plainly spoken a distance of nearly thirty feet."

I have tried these artificial means in a large number of cases, but was never successful before in finding a case in which there was so marked an improvement made by their use. I consider it an encouragement to keep on trying, for a case like the one above described amply repays one for frequent failures.

In some cases a small wad or ball of moist cotton pressed against the remains of the membrana tympani will have the same effect as the gutta percha disc of rubber used in the case described. The cotton can be taken out every day and replaced by a fresh piece, and often produces less irritation than the gutta percha.

---

### *Art. III.—Sarcoma of the Choroid.*

By C. HIXSON, M. D., formerly Professor of Ophthalmology in the College of Physicians and Surgeons, Kansas City, Mo.

On the 23d day of June, 1871, Mrs. Davis, of Holden, Missouri, together with her family physician, called at my office to consult me in regard to her right eye. She had been totally blind in it for several months, and, as the circumorbital pain, which was uncommonly severe, was crossing the mesial line and extending to the other eye, she was induced to seek aid. Being absent in Kansas at the time of her visit to my office, I, on arriving at home, at once visited her at her residence. On inspection, I found the diseased eye slightly protruding (exophthalmos), the pupil

dilated and fixed, the anterior chamber more than two-thirds obliterated, tension very much increased (T2 Bowman), and the pain described as being at times insufferable.

With the ophthalmoscope the ocular fundus was, upon the outer two-thirds of the eye, entirely covered by apparently a grayish, black mass; and but little of the retina was visible on the inner aspect, and that was of a dark red, and occasionally a black speck was visible. The optic papilla was not discoverable, and only occasionally was there to be seen a trace of a retinal vessel.

*Diagnosis*—Intra-ocular tumor, situated upon either the retina or choroid, and gradually distending the globe, causing the increased tension and ciliary neuralgia. *Treatment*—Enucleation of the globe.

To this treatment she readily consented, and, on the morning of the 27th of June, in company and with the kind assistance of Drs. Frazee, McNary, Carter, and other medical gentlemen of Holden, whose names I can not now recall, I proceeded to remove the eye, which was done in the ordinary way.

But little hemorrhage ensued, less than I have ever seen in such an operation. The optic nerve was severed well up in the orbit. The eye, on inspection, was found to be staphylomatous on the outer posterior of the globe, the sclerotic thinned to a mere film, so to speak, and apparently ready to give way. The eye was laid in Mueller's fluid, to harden it for further examination. At the end of six weeks, the eye was examined. I cut it in halves, in the equatorial plane, and found growing from the choroid, in the fundus of the outer side, a tumor of more than the size of a hazelnut, and thinly covered by the remains of the retina, which had been pushed before it in its progress forward in the eye. The pressure had also distended and thinned the sclerotic, as before stated, to a mere film, and given rise to quite a protrusion backward. Under the microscope, the morbid growth contains round and fusiform cells, containing nuclei and nucleoli. The round cells are in greatest abundance, showing wonderful proliferation from their brilliant nucleoli. The morbid mass also was largely mixed with black pigment of the choroid, proving undoubtedly that it had its origin in that membrane.

Up to the present writing, there is no evidence of any return of the disease. The parts healed kindly, and the other eye is entirely free from pain, and the patient's general health every way greatly improved.



## Translations.

*Narrowing of the Pulmonary Artery contracted after Birth.*

Reported by M. C. PAUL to the Medical Society of the Hospitals, Gazette Hebdomaire, Session July 14, 1871. Translated by B. F. MILLER, M. D., Cincinnati.

M. C. Paul, having encountered a case of contraction of the pulmonary artery, while he supplied the place of Prof. Bouillaud in the clinical chair at the Charité, communicated this observation to the society; and, collecting the cases which are recorded by authors, he traces the symptoms and the diagnosis of this lesion, its progress and its consequences. The patient in question was a man, æt. 36 years, without any sort of hereditary morbid antecedents. He entered the Charité, July 15, 1869, for hemoptysis, and at this moment he showed all signs of advanced phthisis. Besides, he had hypertrophy of the heart, perfectly appreciable to percussion, and presented a *bruit de souffle* at the base of the heart, whose particular characters were diagnosed by M. C. Paul—a narrowing of the pulmonary artery. This man, six years since, had had acute articular rheumatism, which lasted three months, during which the heart was attacked with endocarditis. After that date he had felt palpitations and a little dyspnœa. The first signs of phthisis commenced in him in 1867. The question then was of an affection of the heart, acquired and not congenital, and the integrity of his health, prior to the attack of articular rheumatism—the disturbance of the circulation, dating from this epoch—leaves no doubt in that respect; the pathological anatomy soon confirmed this opinion. These are the signs observed at the seat of the circulation. The size of the heart was considerably enlarged; the antero-inferior border was depressed, and the apex struck below the nipple; the impulses of the heart were communicated energetically to the thoracic walls. The hand felt a very marked vibrating thrill. The ear perceived, at the base of the heart, a *bruit de souffle*, with the first sound prolonging itself into the short interval even to the second sound. Its maximum was in the second intercostal space, at a distance of two or three centimeters to the outer side of the sternum. This abnormal bruit prolonged itself toward the clavicle. It was

not found within the aorta or the carotids. The pulse was feeble, compressible, without abnormal character to the sphygmograph traces. On the other hand, at the apices of both lungs signs were found of caseous pneumonia in the third stage. The cardiac disease being recognized for hypertrophy and a narrowing of the pulmonary artery occasioned no diminution to the peripheric circulation, while the pulmonary disease pursued its fatal course, accompanied, from time to time, with more or less abundant hemorrhage. Death followed without other accident. The cadaveric examination showed different degrees of caseous pneumonic lesions in the apices of both lungs, such as auscultation had revealed them. The heart, which M. C. Paul showed to his colleagues, is large and symmetrical. The right ventricle had acquired a volume and thickness of its walls equal to that of the left. The inter-muscular septum projected into the left ventricle. The orifice of the pulmonary artery is contracted to a size that one can not engage the point of his little finger. The valves are adherent to each other, but their borders are yet free enough to close and oppose themselves to the reflux of blood; in a word there is not the least insufficiency. Above the valves the pulmonary artery is thinned, not contracted, for it, being exposed, measures sixteen centimeters. In the auricle it is ascertained that the foramen of Botal is closed. The fossa ovalis and the annulus ovalis are regularly formed. In the anterior part of the fossa ovalis there exists a small fissure, through which a probe may penetrate into the left ventricle, but the conformation of the septum at this level was not likely to permit the passage of blood to traverse this fissure at the moment of the auricular contraction. The cardiac muscle is, in short, in a state of fatty degeneration. The orifice of the pulmonary artery evidently is not congenitally narrowed, because there is no arrest of development of the vessel, nor any anomaly in the construction of the foramen of Botal. It is known that the congenital affections of the heart originate in the three first months of fetal life, and bear particularly upon the pulmonary orifice; that, on the other hand, lesions acquired during life reside almost always in the left heart, and that it is only in the aged that the right side of the heart is attacked. It is, then, a rarity to see among adults an acquired alteration of the pulmonary orifice. One finds, at all events, but few among writers. M. Paul has been able to collect only eleven.

One of the most beautiful examples is recorded in Cruveilhier's Atlas of Pathological Anatomy; another was presented to the Ana-

tomical Society by Filhos, in 1828. M. Bouillaud related a case in his treatise on diseases of the heart. In six of these observations the seat of the lesion was on a level with the sigmoid valves, which were adherent, thin, rigid, and formed an arch with an open concavity into the ventricle. The contracted orifice is generally circular, and mostly sufficient to allow a goose-quill to pass. The caliber of the artery, in these cases, is not diminished. In four other of these observations the contraction is pre-arterial; that is to say, it rested upon the infundibulum—it then results from cicatrices consecutive to a myocardite.

In these eleven cases, as well as that which belongs to M. C. Paul, the symptom of pulmonary narrowing is a systolic *bruit de souffle* occupying the brief pause, and gaining the second time. It is rude, and accompanied by a purring sound, which manifests itself at the orifice of the artery. The maximum of the souffle is two centimeters outside the sternum, in the second intercostal space. It propagates itself toward the clavicle, and commenced to diminish in intensity on a line corresponding to the bifurcation of the artery; that is to say, at three centimeters from the maximum seat. It shows how much it differs from the characteristic souffle of aortic narrowing. Hypertrophy of the right heart is the rule; the apex of the heart is not depressed, but the heart is turned upon its axis and its right border becomes more and more horizontal. Apropos to this, M. C. Paul remarked that the anatomists wrongly described two faces and two borders to the heart: one antero-superior or sternal face, one postero-inferior or diaphragmic face, a right border supported on the phrenic center, and a left border covered by the lung. It would be far more rational to admit three faces and three borders: one anterior, one inferior, and a posterior oblique face; an antero-inferior, a postero-inferior, and a superior oblique border. It is said by classic writers, that one of the signs of pulmonary contraction is cyanosis. It, however, did not exist in the patient of M. C. Paul no more than in an observation reported by M. Ch. Bernard. Cyanosis can exist only when there is a communication between the two hearts, or when there is considerable venous stasis. The lesion of the pulmonary orifice does not entail all those disturbances which one remarks when it becomes a question of the lesion of the orifices of the heart. There is encountered but little abdominal and pulmonary congestion, seldom dropsy.

An important complication is found in several observations of



pulmonary contraction with which science is acquainted—that is, pulmonary phthisis. What is the relation of this complication to cardiac lesion? Is the pulmonary narrowing caused by phthisis? One would be inclined to believe it, seeing, for example, that thirteen times, in thirteen cases of congenital narrowing, phthisis has developed itself. Several writers, Oppolzer and Lebert among others, have brought to notice this coincidence. Phthisis, in these cases, is of a caseous species and not miliary. Its progress is slow, after the manner of scrofulous phthisis.

M. C. Paul résümés his labors in the following conclusions:

1. The pulmonary artery is not only the seat of congenital disease, but may be the seat of acquired affection during extra-uterine life.

2. There is one among these lesions very important to consider—that of contraction of the pulmonary artery acquired after birth.

3. This contraction now and then shows itself on a line with the sigmoid orifice. It is produced by the adherence of its valves, with narrowing of the orifice, and sometimes also of the caliber of the artery at this height. It is, in general, the result of endocarditis.

4. Contraction may take place on a level with the infundibulum and form a pre-arterial contraction. Most ordinarily it is the consequence of a myocardite.

5. The contraction may be situated in one of the branches of the bifurcation of the artery. I have never seen it situated in the trunk of the artery like that found in narrowing which forms itself in the first month of intra-uterine life.

6. Beyond the contraction the artery is in general dilated.

7. There is almost constantly a consecutive hypertrophy of the right ventricle.

8. The valvular contraction of the pulmonary artery may be accompanied with insufficiency of the same valves.

9. There may exist at the same time a lesion of the tricuspid valves of the left heart.

10. The proper symptom of contraction of the pulmonary artery is a systolic *bruit de souffle*, more or less rasping, which covers the cardiac region, but has its maximum on a level with the pulmonary artery and a characteristic prolongation along this vessel.

11. The contraction of the pulmonary artery does not produce cyanosis.

12. In acquired pulmonary contraction the foramen of Botal is closed.

13. A myocardite, however, developed during extra-uterine life, may produce at the same time a pulmonary contraction and a communication of both hearts.

14. A contraction of the pulmonary artery, accompanied by persistence of the foramen of Botal, may not be unavoidably congenital if it is developed in a subject that preserves the foramen of Botal. It is but a probability; the probability is that this contraction is congenital.

15. The proof that a narrowing of the pulmonary artery had been contracted during extra-uterine life may exist from the fact that the lesions are recent.

16. A frequent complication of pulmonary contraction is the consecutive tuberculization.

### *Diaphragmatic Neuralgia.*

Par le Dr. MICHEL PETER, *Professeur agrege de la Faculte de Medecine de Paris, Medecin des Hopitaux.* Translated from the "*Archives Generales*," by THOMAS C. MINOR, M. D.

I. GENERAL VIEW.—I desire to call attention to a species of neuralgia, unknown to such a degree, that up to the present time it has never been described (1)\*, although it may occur most frequently. This neuralgia is, *neuralgia of the phrenic*.

The following are my analytical investigations upon the points

\* (1) It is not described by Romberg (*Lehrbuch der Nervenkrankheiten des Menschen*), by Valleix (*Traite des Neuralgies*), by Axenfeld (*Nevroses, suite a la Pathologie de Requin*), by Duchenne, de Boulogne (*L'Electrisation localisee*), by Fernet (*article Diaphragme du Dictionnaire de medecine et de chirurgie pratiques*), nor by any recent treatise on internal pathology. In the meantime, M. Bouillaud attributes, and with reason, the pain in pericarditis to the "reaction of inflammation upon the *phrenic* nerves." (*Traite clinique des malades du cœur*, t. 1, p. 454.)

The same author, discussing the nature of neuralgias of the heart, says that to him "it seems to reside in the *phrenic* and intercostal nerves." (*Ibid.*, t. 2, p. 492.) On his part, M. N. Gueneau judiciously refers some of the principal traits of diaphragmatic pleurisy to pain in the *phrenic* nerve. (*Etudes sur la pleuresie diaphragmatique*, in "*Archives Generales de Medicine*," 1853.)

which have led me to recognize it, and all who wish to analyze the phenomena will be able to verify them.

It may be associated with dorso-intercostal neuralgia, with angina pectoris, with certain diseases of the heart or aorta, spleen or liver, or with functional troubles of these organs, and it has always, up to the present time, been confounded with the before-mentioned affections, but it very frequently exists perfectly independent of them.

As in dorso-intercostal neuralgia, patients attacked with diaphragmatic neuralgia complain of "pain in the side, in the chest," and experience oppression from it; but they add ordinarily—that which must be a ray of light to the physician—that they suffer at the same time "in the shoulder, the neck, and the jaw." Asked to indicate the precise seat of their suffering, they place their fingers exactly at the base of the chest, the length of the anterior insertions of the diaphragm; none of them conceal this indication; but they add that "the pain reascends, following a straight line," which they describe with the finger, passing it from below upward upon the breast, and which is found to be precisely the course at the same time of the affected phrenic nerve. Some still, if they are asked to point out other painful points, carry the finger to the anterior part of the neck, a little above the clavicle; this is still the point where the phrenic is found, in front of the scalenus anticus.

The patient describes very exactly the anatomy of his phrenic; it is an *autopsy* in the most vigorous sense of the word.

These pains arise from the phrenic on the one hand, and on the other hand from what I should call *associated* pains, or pains of *irradiation*, seated in some one of the branches of the superficial cervical plexus, also in the superior branches of the brachial plexus. (1)\*

Thus, irritation of the phrenic puts in motion almost all the cervical plexus (of which it is the governing branch) and an

---

\*(1) The pain in the neck over the course of the phrenic nerve, pains in the subclavicular region, M. Gueneau has pointed out *apropos* to diaphragmatic pleurisy, and he states very justly, "the impression communicated to the phrenic nerve by diaphragmatic inflammation." He considers the subclavicular pains as being of a reflex nature, while that in this species I believe them due, as I shall say further on, to a phenomena of propagation by a community of origin. (*Etudes sur la pleuresie diaphragmatique*, in "*Archives de Med.*," September, 1853, p. 275.)



important part of the brachial plexus, wholly by means of propagation and not of reflection.

And, strange thing! it is perhaps by reason of this complex nervous disturbance, it brings on that which was unknown to us, neuralgia of the phrenic, that which we had thought to be simple neuralgia

The painful apophyses owing to this neuralgia are the cervical spinal apophyses which correspond with the origins of the cervical plexus, of which the phrenic is the branch of termination.

This neuralgia brings on special functional troubles of respiration, mastication, and sometimes even of deglutition.

Finally, we observe it, especially among nervous subjects; it may complicate hysteria, epilepsy; but it accompanies above all angina pectoris almost always, if not constantly.

So much said as to general appearances, and the following are some of the most interesting observations, collected by myself, or, under my eyes:

II. OBSERVATIONS.—*1st Group: Simple Diaphragmatic Neuralgia.*

*Observation 1.*—Recent diaphragmatic neuralgia of the left side. Lagree, aged twenty-two years, of nervous temperament, came to consult me in February, 1871, for a "disease of the chest."

This disease consists in pains that she experiences at the *base of the chest*, on the left side, which impede her respiration considerably. She feels at the same time other pains in the *left shoulder*.

This patient, confined only a month since, is very anæmic, and has been for a long time. For some time, also, she has suffered from left intercostal neuralgia; but she distinguishes perfectly the pains for which she comes to consult me, which are a new thing to her, from the pains due to her neuralgia of former times.

Pressure on the anterior and lateral insertions of the left portion of the diaphragm causes pain. There is no pain on pressure of the left clavicle. It can be provoked by compressing the phrenic in front of the scalenus anticus.

Pain is also brought on by compressing the cervical spinal apophyses from the second to the fifth inclusively.

On the other hand, the patient suffers when the anterior points of the fifth and sixth left intercostal spaces are compressed, the seat of the already very ancient intercostal neuralgia. But the compression of the fifth, sixth, and seventh dorsal spinal apophyses

(corresponding to the origins of the painful intercostal nerves) likewise causes pain.

Rapid relief followed on leeches being applied, and a cure by aid of sulphur baths.

*Reflections.*—As to the etiology, we find in this case the nervous temperament and the anæmia increased by the recent accouchement. These individual conditions had already given rise to left intercostal neuralgia, so frequent in similar cases. The aggravation of these conditions had developed neuralgia in a different place, as well as in the left side.

The obstruction to respiration which was very evident, and above all the pain in the shoulder, so well described by the patient, led me immediately to the diagnosis of diaphragmatic neuralgia, which was rendered more evident by seeking and ascertaining the special painful points.

*Observation 2.*—*Recent diaphragmatic neuralgia of the left side.* Some days later (February 23, 1871), a young man, aged twenty-seven years, of nervous temperament, named Andre Barbe, a jeweler, likewise came to consult me in the following state:

He had his right hand over the region of the heart, and, with his left fore-arm, applied against the base of the chest, he sought to prevent the movement of the left diaphragmatic region. The body is inclined from this side.

He complains of having suffered acutely for several days past in his *breast and left shoulder*. I found that the three first left anterior insertions of the diaphragm were painful on pressure; that the compression of the trunk of the phrenic at the neck caused pain; that pain was also provoked by compressing the internal part of the clavicle, the shoulder, and the internal portion of the left arm.

The second and third cervical apophyses are painful on compression. There is *weakness and trembling* in the left arm. The patient complains besides of having palpitations. I can find nothing abnormal, nevertheless, about the heart or pericardium; there is not, at the same time, any left intercostal neuralgia.

There are no traces of diaphragmatic pleurisy; at least I hear the respiration perfectly that low down, without any mingling of anomalous bruits; there is nothing abnormal on percussion and no fever.

Rapid amelioration on the application of five scarified cups; blister three days afterward. Cured.

*Reflections.*—I will confine myself to pointing out in this case the remarkable attitude of the patient, and a symptom that we shall see more intensely developed in the subject of observation 6, the weakness of the left arm.

*Observation 3.*—*Diaphragmatic neuralgia, with cardiac pain.* Mme. B., aged thirty-eight, a robust woman, very lively, of an impressionable character and nervous, complained to me of "suffering in the side," and at the same time of a pain "in the heart and at the left shoulder."

The trouble in the side is seated at the base of the chest, and I find the first three anterior insertions of the diaphragm to be painful; also the same tenderness at the posterior insertion on the arch of the last-named side.

Pressure of the left phrenic at the neck produces pain; it is also brought on by pressure below the left nipple and at the level of the articulation of the third and fourth left costal cartilage. Finally, the third and fourth cervical apophyses are likewise painful when they are compressed. Evidently we have here neuralgia of the phrenic.

Mme. B. stated that this pain in the side, which impeded her respiration, is exalted at times, and that the pain radiated from thence to the left shoulder and then into the internal part of the left arm, which she finds weakened; there is no pain at the elbow.

Finally, that which above all has struck Mme. B., and led her to fear a disease of the heart, is the pain in the præcordial region, accompanied at times by a sensation of "hissing," comparable to a jet of steam escaping by a narrow orifice.

The most attentive auscultation does not reveal to me any anomalous cardiac or aortic bruit, and the heart presents an absolutely physiological volume. There are no palpitations, neither any irregularity of the pulse.

I prescribed frictions, with chloroform, liniment, and salt baths.

*Reflections.*—It is important to remark here the pain in the præcordial region and the wholly special sensation of the jet of steam at the level of the cardio-aortic orifice, in the absence of all appreciable disease of the heart and aorta. Is it produced in this case from a commencing nervous disorder of the cardiac plexus, or the *debut* of a disease of the aortic orifice; and will this lady be attacked at a later period with a true angina pectoris? This is what I shall apprehend in the future; so I shall reserve my prognosis.



2d Group: *Diaphragmatic Neuralgia with Hysteria or Epilepsy.*

Observation 4.—*Hysteria ; left diaphragmatic neuralgia ; rapid recovery owing to a subcutaneous injection of morphine.\**

Alexanderine Levoux, aged eighteen years, flower girl, born in Paris, unmarried, entered *L'Hopital Saint Louis*, the 11th of December, 1869 ; service of M. Peter ; was brought in unconscious at three o'clock in the afternoon, suffering from an hysterical attack.

*Antecedents.*—Very regular in her catamenia from the age of ten years ; courses very abundant, lasting sometimes more than eight days ; has never been diseased ; had, at the age of fifteen years, a small female child well formed, which died at the age of two months from inflammatory angina.

Mother healthy, not hysterical, of a very calm disposition, never becoming angry ; father "subject to attacks of apoplexy," says our patient ; but beyond doubt epileptic, for he fell very frequently and lost consciousness (twelve years ago he left his family and they have not heard from him since) ; two sisters and a brother who have never had any attack.

*Etiology.*—It is eight months since she had her first attack ; it arose from a fright ; her brother-in-law frightened her in a garden one night ; this first attack lasted two hours and was not followed by any bad symptoms.

Saturday, December 11. The second attack took place on December 11 ; it was caused by a disagreeable letter her lover had written her ; it occurred at 10 o'clock in the morning ; she was brought to the hospital at 3 o'clock, and it was toward 7 o'clock in the evening before she became perfectly conscious.

Sunday, December 12. A slight contraction and internal strabismus. The patient experiences no pain ; she suffers only from a slight vertigo.

Monday, December 13. Very nearly in the same state.

Tuesday, 14th. Had yesterday evening a slight attack which lasted an hour ; after this attack, the patient *felt an oppression with pain in the side and left shoulder* ; she noticed at the same time that her *left arm was very weak*. This morning she is slightly better than last night. One of Meglin's pills.

Wednesday, 15th. This oppression subsided without fever. The *pain in the left side and shoulder*, in a woman eminently nervous,

---

\* Case observed with the greatest of care by M. Guenot, student at the service.

made M. Peter afterward think that it was produced by a diaphragmatic neuralgia, and he then showed to his pupils the fact that the *diaphragmatic insertions of the left side* were painful on pressure; that the pains irradiated the whole side; that the *cervical spinal apophyses* were also painful on pressure. Morphine injection.

Thursday, 16th. Patient better; no oppression; she breathes easily and no longer has pains in the side. The injection yesterday was made at 11 o'clock (at the level of the left diaphragmatic insertions in front). As soon as it was done, the patient slept; her sleep was painful; hallucinations, phantoms, stars, etc., before her eyes; at the end of four hours of this agitated sleep, she awoke and vomited three or four different times; there had been in this case a true intoxication from morphine, *but after the last spell of vomiting the patient experienced no more pain in the side*, respired perfectly, and felt entirely well. This is the state we found her in to-day on our visit (Thursday).

Friday, 17th. Perfectly well.

*Observation 5.—Hysteria; epilepti form attacks; paralysis with contractions; neuralgia of the phrenic.* (1.) Delphine Bourgeron, aged nineteen years, laundress; entered the "Hospital St. Louis" November 20, 1869, service of M. Peter.

*Etiology.*—Father in good health, the mother likewise, never having had attacks, but of very impressionable characters. Our young patient is the last of eighteen children, of whom five survive; she had a sister, aged eighteen, who died of heart disease (?), who had hysterical attacks; the only one of her sisters living is nervous, very impressionable, but has never had any attacks.

From the age of five to nine she had trouble with her eyes, been operated on for cataract in her left eye; her character is capricious; she is headstrong and subject to frequent outbreaks of anger.

*Debut.*—A nervous attack occurred (after the operation for cataract) owing to a vexation of the child's; she lost consciousness; these attacks returned every eight or fifteen days, with loss of consciousness lasting an hour at least; the patient *bit her tongue*; the attack commenced with a sensation of pressure and tingling at the stomach, and then a ball seeming to roll up into the throat and suffocate the patient.

At the epoch of puberty (thirteen years), these attacks were renewed almost every day; during the space of six months they

were of shorter duration, but always with loss of consciousness.

At fourteen years, typhoid fever, then scarlatina, which confined the patient to bed almost a year; during this time the attacks did not return less than once a month, at the time of menstruation. The patient has menstruated irregularly and suffered greatly from whites.

She had, from fifteen to eighteen years, attacks every fifteen to eighteen days, almost always caused by the annoyances and reproaches of her mother, etc., etc.; she has had paralysis since the age of seventeen and a half years in the left arm, which remained for a space of three months in a state of forced flexion, the hand bent upon the arm with contraction; sensibility was wholly lost at the commencement of the paralysis; nothing the matter with the left leg. Baths, frictions.

The patient had only had her courses four times up to the month of September, 1869, and at each period has had an attack, as is her habit. The 22d of September, 1869, the patient had a violent attack on the street and injured her face; eight days after a new attack, after which the patient had paralysis of the neck; she then entered at "La Charite," service of M. See. She could not move the neck; sensibility of the skin and muscles of the neck was lost; the patient breathed well, but for the space of fifteen days she could neither speak nor swallow, and it became necessary to feed her with the œsophagal tube; during this fifteen days the patient had each day five, six, and even eight attacks. The treatment consisted of douches to the neck and vapor baths; electricity was not employed. Sensibility returned at the end of three weeks with motion, and the patient left "La Charite," cured, on the 2d of November, after one month's stay. It was after an attack, which lasted from seven o'clock in the evening until ten o'clock in the morning, that sensibility and movement commenced to return in the neck.

She had three attacks during her sojourn at Vesinet; at the third attack the *left arm* was paralyzed in its whole extent, with contraction and loss of sensibility; the patient left Vesinet in order to enter the "Hospital St. Louis," where, at the end of three days, the *left leg* was, in its turn, paralyzed after an attack.

At the same time, the patient again felt pain in the left side, unintermitting at a point in the side, with very great embarrassment in respiration.



M. Peter ascertained that *all the diaphragmatic insertions* were very painful at the left on pressure; the pain ascended the length of the sternum, irradiating itself in the left side of the neck and the left shoulder; pain on pressing the cervical apophyses (the greatest pain is at the level of the fourth apophyses); the dorsal apophyses are not painful; on delicately pinching the skin at the left, without bringing pressure to bear at the level of the diaphragmatic insertions, we do not cause pain; sensibility is not lost.

*Treatment.*—Sulphur baths, which were not endurable; sulphur douches upon the left side, which were also not supportable; electric baths, which were tolerated and brought about a cure.

January 2, 1870. The patient can move her left arm, and has for several days past; the pressure of the hand is very strong; progress is much more slow in the left leg, which still drags some in walking and is yet contracted; but sensibility has returned.

The patient *breathes freely* in short inspirations, but pressure still develops a little pain at the diaphragmatic insertions of the two sides, at the phrenic, at the left side of the neck, and upon the medium cervical spinal apophyses.

Dating from her entrance at the "St. Louis," there have been three attacks; the first, about November 28th, which was followed by paralysis of the left leg; the second, in a sulphur bath, in the first part of December (at the time of her catamenia, which has not returned since the month of September); the third, in an electric bath.

*Observation 6.—Epilepsy; neuralgia of the phrenic.* (1.)\* Auguste Grandjeaux, aged thirty-seven years, cabinet-maker, born in Paris; entered the "Hospital St. Louis," service of M. Peter.

*Antecedents.*—This patient is the fifth of seven children; his mother died at the age of seventy-two years (she was subject to neuralgic pains); his father at seventy-three. Aside from a *gastroitis* (which it is evident was only gastralgia) when about twenty years old, which lasted several years, this patient has enjoyed good health (fresh pink complexion, fine skin, red hair). He married at the age of twenty-one; has had five children; four died during infancy; the remaining child, a girl aged thirteen and a half years, has atrophy of the right arm.

---

(1) \* Case observed by M. Guenot.

*Etiology.*—The death of his mother in May, 1868, caused him the greatest grief; he was at this period plunged into sadness, and his wife greatly feared that he would become insane.

*Debut.*—In June, 1868 (at least one month after the death of his mother), he fell suddenly, without consciousness, while at his work; three or four days before this he had felt a slight pain in the head, and also pains in the left arm and shoulder; he was carried to "Lariboisiere," where he was seemingly idiotic for the space of three days; he remained six weeks in this hospital, having *incomplete* paralysis of the *left side*; he left the hospital much better, with only a slight diminution of strength in the left arm.

Sulphur and vapor baths, douches, bromide of potash.

The patient had upon his right parietal a lock of gray hair; he said this had whitened suddenly during his cerebral congestion, and that since that time the place which it is implanted on is, except painful, at least sensitive.

*Progress.*—Leaving "Lariboisiere" much better, as we said before, he resumed his work; some time after he again felt pains in the left side, cutting him like a knife during respiration. Up to the time of his entrance to the "Hospital St. Louis" he had become unconscious four or five times, but it was only necessary for him to sit down for a few minutes in order to return completely to himself.

While at work, at the commencement of November, 1869, he had a new attack, preceded by headache for an hour or two; he remained unconscious for more than an hour, and on returning to his senses discovered that he had an incomplete left hemiplegia, but marked above all in the arm; the pain in the left side was very great; the greatest pain is below the heart. M. Peter found that the *diaphragmatic* insertions were painful at the left; pressure upon the phrenic, across the two insertions of the sterno-cleido-mastoideus muscles, produced pain; *the pains starting from the left breast irradiated themselves over the two shoulders, and, above all, under the left scapula*; by reason of the anguish they caused the patient he has been prevented from sleeping at night, or at least only a little at a time; he likewise experiences difficulty in breathing freely.

There is exacerbation of the pain from time to time, preceded by a painful sensation in the præcordial region, or, as the patient expresses it, "like a bubbling comparable to that made by escaping steam from a kettle." Auscultation of the heart in the meantime

does not reveal any anomalous bruit. Pressure at the level of the medium part of the sternum and of the third left chondro-sternal insertion causes slight pain.

There is an habitual embarrassment in respiration, characterized by the difficulty the patient experiences in taking a long breath. "Then," says the patient, "it seems as though the left side of the chest was like a bellows of which the valve could not be completely raised;" and, saying this, he carried his hand to the left diaphragmatic insertions.

He urinates very frequently, three or four times a night; the urine is light colored. Frequent headaches.

December 8, 1869. Third attack since his entrance to the hospital, at the time of my visit. Morning, headache; patient did not wish to eat; suddenly he paled a little and lost consciousness; at the same time convulsions commenced; head thrown backward, eyes closed, with pupils looking upward, and slightly contracted; at intervals he had clonic convulsions; the body became arched (opisthotonos), the right arm and leg executed disorderly movements; then the body fell back again upon the bed, and the right arm underwent strong convulsions, followed by trembling. There were spasms of the diaphragm; the belly became globular. At intervals, respiration seemed to be suspended, then profound sighing; pulse normal; temperature of the skin normal; complexion more colored than usual; no foaming at the mouth. At the end of about an hour, the patient became conscious; he said that the pain in his head had made him sleep; it was only on seeing his shirt torn that he asked if he had had an attack. Great thirst; pain in the cardiac region, at the diaphragmatic insertions.

On the 16th, the patient was better; he had little oppression, and strength in the left side returned.

On the 17th, less oppression; the patient suffers no longer in the shoulder. On the left, the diaphragmatic insertions are still painful on pressure; at this level there is slight anæsthesia of the skin, which is less sensible than usual. Pressure upon the cervical spinous apophyses produces pain from the occipital tuberosity as far down as the vertebræ prominens, which is not painful.

It is at the level of the fourth cervical spinous apophyses that pressure develops the greatest pain; the patient experiences from thence a sensation of *constriction in the throat*, strangulation.

Intelligence intact. Sensibility lessened to the left; smell and hearing are not affected; but sight is less distinct, especially in



the left eye. Character more irritable, more excitable than before the commencement of the disease.

*Treatment.*—Baths, bromide of potash, injection of chlorhydrate of morphine, scarified cups, blister at the level of the left diaphragmatic insertions.

*Cold douches* since the first of December.

[To be continued.]

---

*Tobacco.*—In the November part of the *Royal London Ophthalmic Hospital Reports*, Mr. Jonathan Hutchinson gives an account of his further experience in respect to amaurosis supposed to be due to tobacco. It will be remembered that he has previously written on the subject, his first paper appearing in the *London Hospital Reports* for 1864; his second in the *Medico-Chirurgical Transactions* for 1867. He tells us that “idiopathic amaurosis” appears in great disproportion between the two sexes. In his first series the numbers were thirty-seven men and three women; in the second thirty-four men and five women; in this third series we find twenty-eight men and only one woman. We should be very glad to learn from any of our foreign correspondents in countries where both sexes smoke, whether the same disproportion of cases of amaurosis is observed in men and women. Mr. Hutchinson has carefully investigated other possible causes, and still believes that tobacco is the real one. He notices that most of the sufferers smoked shag, and pronounces that “the most deleterious form of tobacco.” But we take leave to remind him that most of his cases are hospital ones—the patients therefore poor—and shag is the *cheapest* form of tobacco. Moreover, it is perhaps the most commonly used form, even among those who can afford a more expensive quality. Mr. Hutchinson has found in the early stages that the vision improves when the disuse of tobacco is real and complete, and therefore considers it a duty to urge complete, immediate abstinence.

*Death of an old Physician.*—Dr. Richard S. Spofford of Newburyport, died in that city last week, at the age of 83 years and 8 months. He took his medical degree at Harvard College in 1815 and began practice in Newburyport in 1816. He was an intelligent and skillful physician, always kind and attentive to the poor. He leaves a widow, two daughters, and one son who bears his name.

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

REPORTS OF CASES.—*Dr. Holdt* presented a pathological specimen of cancer of the liver with a verbal history of the case. The point of interest in the case was, the extensive destruction of the organ, unattended, at any time during the progress of the case, by any of the known prominent symptoms of cancer. At one time the patient had a foul fecal breath. There was slight jaundice and some ascites in the case.

*Dr. Maley* presented a specimen of *aneurism of the aorta* taken from a man, cook by profession, 22 years of age at the time of his death. The tumor burst while the patient was lifting a heavy weight. He died within five minutes after the rupture.

Referred to Section on Pathology.

*Dr. Carson* also reported a case of *aneurism of the aorta*. His patient suffered a great deal from dyspnoea shortly before his death; part of the time could not lie down. Heart, at times, irregular in its action, and veins in upper extremities enlarged. The sack when removed was six inches long.

Referred to Section on Pathology.

THE DISCUSSION OF DR. CARSON'S PAPER ON THE INSANITY OF BLACKBURN.—There was evidently a marked difference of opinion in the minds of the debaters in reference to the degree of Blackburn's insanity, or whether he was insane at all.

*Drs. Graham* and *Carson* contended, after having examined Blackburn as medical experts, and having resorted to all the known rules to test his mental condition, and having taken into consideration his family history, with its predisposition to hereditary insanity, that the prisoner was not sound of mind, and therefore not responsible for his acts.

*Dr. Graham* said, by careful tests and examinations he found the prisoner had defective vision and hearing on the left side, with defective sensibility on the right side. This, to his mind, was conclusive evidence that the man's mental faculties were impaired.

The speaker did not think Blackburn's insanity feigned, from the fact that whenever allusion was made to his family he invariably wept, and while he might feign all the symptoms of crying—such as sobbing, moaning, etc.—he could not produce a flow of tears. That was a well-settled fact in cases of feigned insanity. True, one could have their feelings wrought up to shedding tears while looking upon a fine piece of art, but that wears out by repetition, while this man invariably wept, had a flow of tears whenever his family was mentioned, and in all other respects was perfectly indifferent. Even when his old mother tottered to the witness stand to give her testimony he was perfectly stolid; remained unmoved until she mentioned the anxiety he had often expressed to her concerning his family; immediately he began to weep bitterly with a copious flow of tears down both cheeks. This alone was conclusive evidence to his mind that Blackburn's insanity was not feigned.

*Drs. Quinn and Stanton* said that there was nothing produced in the evidence at the trial of Blackburn to substantiate his insanity. Dr. Quinn further said he did not think the experiments with the prisoner, as narrated by Dr. Graham, made out a case of insanity. The shedding of tears by the prisoner was, he conceived, only an evidence of remorse of conscience for the deep wrong he had inflicted on his family.

*Drs. Reamy and M. B. Wright* wished to know to what degree the prisoner was insane, to what extent he was responsible for his acts, and if the brain was affected in part did that impair the whole, and render the man incapable of performing rational acts and destroy his amenability to the law? These were the questions that entered into the discussion of this matter, and Dr. Reamy hoped they would all be considered by the gentlemen who claimed his insanity.

*Dr. Wright* said he did not for a moment doubt that Blackburn was a monomaniac, but monomania did not destroy his accountability. He believed Blackburn knew he was committing murder when he killed that woman, and perhaps driven to it from the lash of a guilty conscience at the sense of wrong he was doing his family. Hence the tears, referred to by Dr. Graham, when his family was mentioned. He hoped the opposing gentlemen would consider the questions raised or suggested by Dr. Reamy, as to the degree of insanity, etc.



*Dr. Muscroft* moved the subject be laid on the table to be taken up and discussed at the next meeting. Carried.

*Dr. Graham* called attention to the wrong inflicted upon doctors by their being compelled at any time to go and give testimony in the courts as experts at seventy-five cents a day. He thought the Academy should take some action to have this manifest wrong abolished, and that doctors should be paid a fee for such testimony commensurate with their services. After remarks by other members, *Dr. M. B. Wright* moved that *Dr. Graham* be appointed a committee of one to bring in a report on the subject at the next meeting of the Academy. Carried.

*Dr. Reamy* urged his inquiries—was Blackburn's insanity of that kind and degree that rendered him irresponsible for his acts? *Dr. Graham* had said that Blackburn's insanity consisted principally in deficiency of *will power*. *What is the will?* It is the executive power of the mind. Taking this definition, where is it shown in evidence that Blackburn was deficient in will power, with the exception of his inability to use money for the benefit of his family? How are we to determine responsibility? To make a party irresponsible we must show that at the time the act was committed, the party did not know right from wrong. To this effect the speaker quoted Tyndall, Hale, and Mansfield. The question turns, then, upon the condition of Blackburn's mentality when he killed that woman, if he did, but of which I have seen no proof, and has it been shown that, at the time the killing was done, that he did not know right from wrong. Some take the position that he was partially insane. If that be correct, then partial responsibility must be admitted; that being the case, then to what degree insane and to what degree responsible? The speaker closed his remarks by invoking a full discussion of the subject, as it was one that should be thoroughly investigated.

*Dr. Graham* replied by saying that technicalities should be discarded in discussing this subject, and use the plain phrase "unsoundness of mind;" that covered the whole ground, understood by all, and gives rise to no confusion.

He claimed that all the facts in Blackburn's case, grouped together, showed him to be unsound of mind. Blackburn was physically defective, as was shown, by an incomplete paralysis. There was a general defect in his mental powers, and especially defective in "will power." The speaker did not care for the opinions of Hale, Mansfield, or others of their day. Their opinion of an insane man was that he was a mere brute, and only fit to be

placed in a straight jacket; they knew nothing of the shades or degrees of insanity, and which it was the duty of doctors, by their testimony in the courts, to have recognized and enforced. It is not sufficient to say that the man knows right from wrong. Blackburn was markedly deficient in will power, and no doubt was led on by the wiles of that girl, because he had not will enough to resist it. He lacked that nice equipoise of mind that renders a man at all times able to say "no." He was in the condition of one who stands at the edge of a precipice; the head becomes giddy; they see the danger below; do n't want to fall; know it is destructive to fall; yet they plunge off and are lost. The nice balance of the mind is gone; the dividing line between sanity and insanity, soundness and unsoundness, is destroyed.

*Dr. Carson*, in his remarks, reviewed the symptoms of Blackburn's case as enumerated in the paper which he had read on the subject. The speaker stated that perhaps no one of the symptoms would be sufficient to convict Blackburn of insanity, but as *Dr. Graham* remarked, group them together and we have a well-marked case of unsound mentality. Take his defective hearing, defective vision, partial paralysis, stolid fixed features, want of play of the features, no animation of the countenance, and group them with his delusion of inability to provide against the ultimate destitution of his family, although with plenty of money in his pocket he could not conceive of its purchasing power, and here we have to a great extent unsound mind and consequent irresponsibility.

*Dr. Richardson* said that in considering the case of J. R. Blackburn, we should go back of the time the tragedy occurred, and inquire as to his status previous to the time of his connection with Miss Lovell. The law reaches back to that time. If his connection with that woman was the cause of his insanity, then law should hold him responsible. If a man gets intoxicated and commits a crime, he is held responsible; they are analogous cases. There should be no such thing as moral insanity. One knowing right from wrong should be held responsible; it is the only safe ground; it is the ground now occupied by the law. The entire history of Blackburn went to show that previous to the time he came in contact with Miss Lovell, he was a man of good physical and moral habits. But the life he led with this woman was calculated to destroy him mentally, morally, and physically, as well as to destroy his financial prospects. Herein was the secret of his

fear of the ultimate want and destitution of his family; his habits of life were such that financial ruin stared him in the face; and no wonder he cried out that his family would starve. His physical condition, also, could be traced to his habits of life with his mistress, and his emotions concerning his family were one of the outcroppings of his knowledge of the great wrong he was doing his family, and this is evidence that he knew right from wrong. Had he been insane he would not have exhibited these emotions. When the insanity is recognized that a man can not restrain himself from the commission of crime, and yet knows right from wrong, there will be no safety for the community.

*Dr. Culbertson* said *Dr. R.*'s remarks did not coincide with the late writers on psychology. The speaker quoted one author who said that all insanity was impulsive, and the remark applies to all varieties of insanity. Such, too, had been his experience in the treatment of the insane. The speaker believed *Blackburn* insane; but, like *Dr. R.*, believed his insanity had been brought on by his vicious habits. He believed, too, that the hereditary tendency had force in *Blackburn*'s case, for he looked upon insanity as much of a hereditary disease as consumption. After a careful examination of *Blackburn*, the speaker thought him to be insane. His faculties were all impaired; there was a general flaccidity of the whole physical powers, and a marked lack of co-ordination in his movements and actions.

*Dr. Carson* spoke in answer to *Dr. Richardson* and *Dr. Quinn*, and again reviewed all the symptoms and facts heretofore enumerated by him in the case of *Blackburn*. The speaker thought that *Drs. R. and Q.* made their remarks under a misapprehension as to the character of *Blackburn*'s insanity. It was of that kind that he could be led and influenced by others, as was shown in evidence by one of *Miss Lovell*'s letters—that he was in fear of her, and was, to a marked degree, under her influence and control. In considering this case he had done what *Dr. R.* does in every case he treats—takes all the symptoms and history of the case, and makes out a diagnosis. The hereditary tendency to insanity in *Blackburn*'s case is important, and the force of it can not be escaped. Fifty per cent. of his relatives were insane. His connection with that woman, no doubt, had much to do in bringing on his insanity, for it is known that excessive venery is an exciting cause of insanity. His failure in business also acted as an exciting cause to his insanity. Then again, *Blackburn* had arrived



at an age when physical degeneracy begins, and no doubt his brain was undergoing cell change—called by Brown, of England, “Brain Wasting.” His delusions, too, show that changes in the brain were going on; for in all delusions there is brain changes. As examples of this remark take aphasia.

*Dr. J. J. Quinn* said, that, in his opinion, the facts relied upon do not establish insanity in the case of John R. Blackburn. The hereditary predisposition might well raise a suspicion, but is not of itself sufficient to prove the existence of insanity, because every child of an insane parent does not become insane.

The physical conditions referred to, in support of the presumption of mental disease, are defective vision, imperfect hearing, and incomplete partial paralysis. Now, defective sight may exist in one or both eyes without insanity; indeed, it is not a very frequent accompaniment of mental disease, unless it be of senile dementia. If defective hearing indicates insanity, there are a great many more lunatics in the community than have been suspected. The partial paralysis in this case seems to have been very slight. At all events, the use of instruments was resorted to in order to prove its presence beyond doubt. Now, a person may be partially paralyzed, so palpably, indeed, that no instrument would be necessary for detection, and yet retain the full use of the intellectual faculties. Further than this, an individual may have imperfect vision and sense of sound, and at the same time have slight partial paralysis, and yet remain sane; so that neither one, nor all these physical signs combined, show Blackburn to be insane.

The moral evidences of his insanity appear to consist in a dread frequently expressed before his imprisonment, that his family would “come to want;” and in the habit of weeping, since his confinement, whenever his family was mentioned. Was this fear reasonable, or was it a hallucination? Was it real or feigned?

Blackburn had been a shrewd and successful business man. About the time this fear took possession of him, fortune began to frown upon his enterprises; prosperity fled from his presence. Was it unreasonable for him to dread poverty? Certainly not. Such has been the case with many a sane man under similar circumstances before and, no doubt, since. Persons accustomed to every comfort contemplate threatened poverty and want with greater dread than those used to trial and adversity; and an exaggeration of one’s real danger, under such circumstances, is not necessarily an evidence of insanity. But it is said this dread was

imaginary, that it was a hallucination, that there was no foundation whatever for it, as he possessed the means of guarding against it at the time, but did not seem conscious of the power of money to prevent starvation. If Blackburn had a hallucination on the uselessness of money, in one respect, he would be apt to have delusions on its uselessness in other respects. But he does not seem to have had. As has been remarked, he was careful not to destroy this valuable agent for procuring the necessaries and comforts of life. On the contrary, he took excellent care of his own money; and, if he recollected the testimony correctly, sought and obtained permission to invest that of others for the benefit of the owners. Had he simply expressed to confidants a dread that his misfortunes in business would lead ultimately to suffering in his family, his fear might be reasonable; had he persistently acted as if money had lost all value, he might be credited with laboring under an insane delusion; but when he claimed ignorance of the fact that his money would relieve the wants of his family, while he knew its use in all other respects, he laid the foundation for suspicion that he was feigning what he did not actually believe; and this suspicion would not be removed if subsequent events revealed a cause for simulation.

The regular and invariable habit he has since his imprisonment, of weeping upon every occasion on which his family is mentioned, does not agree with my experience with the insane. Lunatics may be emotional, cry from slight causes, or from no apparent cause at all; cry, occasionally, upon the mention of a particular subject, but not regularly and systematically, and invariably when a single subject is brought to their notice. This, in view of the man's history, would be to me an evidence of sanity rather than the reverse. If he were in the full possession of his intellectual faculties and contemplated his criminal career with the unfortunate victim of his lust, the unhappiness and misery he had brought to his domestic hearth, the disgrace and danger he had entailed upon himself, he might well weep at the mention of a word which was as a mirror presenting vividly to his mind's eye his past conduct and all its consequences, especially if he were susceptible of deep remorse and earnest contrition.

If Blackburn was insane at the time of the death of the girl, what was the form of his disease? It has not been claimed that he was laboring under what has been called moral insanity, or derangement of the affections and passions without apparent intel-

lectual impairment. When asked the form of his disease, two of the medical witnesses in the case, Drs. Graham and Culbertson, answered dementia. What is dementia? It is general insanity with depression. It might be termed general feebleness of the intellectual faculties. Not only are the intellectual powers enfeebled, but the passions and emotions are correspondingly weakened. The demented move in a state of passiveness and indifference. They are not moved by surrounding objects and events as are others. They meet their friends and part with them without emotion. They are playful, when others would be sorrowful; moody, when others would be joyful and happy; "they have neither desires nor aversion—neither hatred nor tenderness." Their perceptive powers are weakened, so that they can not perceive objects correctly; their memory is so greatly impaired that they can not retain impressions long enough to compare or form an association of ideas; and incoherence of thought and speech follows. There were none of these prominent characteristics of dementia present in the case of Blackburn.

Another medical witness, Dr. Carson, pronounced his disease melancholia, with a tendency to dementia. And if he is or was really insane, his disease appears to me to partake more of melancholia than any other form of insanity. In the first place, melancholia, or the lypemania of Esquirol, is more frequently hereditary; and there can be no doubt of the hereditary predisposition in this case. In the second place, the exciting causes of this form are more frequently moral; and reverse of fortune, conscious guilt, sorrow, remorse, and desperation might well develop it. Again, subjects of this form experience a sense of general disquietude; and groundless alarm converting fear into terror, suspicion into jealousy, sorrow into despair. This might well be present in melancholia. Still the speaker had read no testimony or heard any argument to convince him that the hereditary tendency to insanity in Blackburn's case received any development from the exciting moral causes which might be supposed to exist; that his anxiety for his family was irrational, or that his emotions in prison are more than evidences of grief and remorse.

*Dr. Reamy* stated that he understood Dr. Holdt's views to be that we are to consider the ganglionic cells, which being multipolar cells, as forming a chain in which if one cell is wanting all are wrong, their function being to generate thought, those cells being located in the cortical portion of the brain. He wished



to know whether this function of these cells is determined by their being multipolar simply, or by their location. He presumed by the latter, for multipolar cells are found in the spinal column, spinal and cervical ganglia, sympathetic ganglia, etc., and he supposed the strongest materialist was not ready to assert that thought is secreted in these regions. Now for the brain. If the chain of ganglionic cerebral cells is so perfect that no group can be impaired without all being ruined, as Dr. Holdt has claimed, how explain away numerous well-authenticated cases, where large tumors and extensive abscesses have pressed upon the cerebral mass, even destroying any number of cells, and yet no impairment of intellect? The speaker had seen an ax plunged into the cerebrum and considerable portion of the brain mass lost, and yet the patient had no impairment of intellect, making a good recovery. A case is reported by Echeveria of an eminent physician, who died recently in Albany of epilepsy. On post mortem, a large abscess was found on anterior portion of brain. No mental impairment. How do these cases sustain Dr. Holdt's chain of cells? The journals are full of such cases. Does not doubt that Blackburn is insane, but believes he is only partially insane.

*Dr. Holdt* replied by referring to his former illustration of a chess-board, with one square wanting—the players going on for a time but eventually unable to complete their combinations—it being just so when there are one or more of the ganglionic cells of the brain wanting. The person may talk and appear rational enough for a time, but eventually shows that his mind is wrong. Thought if the persons referred to by Dr. Reamy were tested as to their higher intellectual powers they would show impairment of intellect.

*Dr. Comegys* believes, from the testimony of those who examined Blackburn, that he is insane. Men have ideas and talk well by association of ideas. They do so automatically—that does not require much mental power. There is no condition of insanity but what represents a loss of voluntary power. We as physicians know that the test of knowledge of right from wrong is no evidence of sanity. The insane are impulsive, and can not regulate their conduct. There can not be freedom of the will without a healthy brain. Does not believe that Blackburn murdered Miss Lovell, but thinks that she committed suicide.

*Dr. Murphy*, judging from the report of the gentlemen who examined Blackburn, thinks he is insane. Mentioned the case of a former prominent physician of this city, and two other gentlemen who were similarly affected. Two of them attempted to murder their wives. If Blackburn committed the crime, he did it under an uncontrollable impulse. There must be an unsound brain to constitute an unsound mind.

On motion, the subject was continued to next meeting.

## Hospital Reports.

## CINCINNATI HOSPITAL—SERVICE OF DR. JOHN DAVIS.

Reported by E. T. COMEGYS, Resident Physician.

*Two Cases of Typhoid Fever.*—Andrew S., æt. 20; Germany; wagon driver; admitted December 7, 1871. States that three weeks ago he began to experience a general sense of malaise and languor. Eight days ago his fever began and has continued. Had always been in good health until three weeks ago.

*On Admission:* Man of medium height, good muscular development and well nourished, appetite good, bowels confined. Heat  $104\frac{1}{2}$ , pulse 104, tongue red and very dry, brownish white fur in center, moist at sides, skin hot and dry, lungs and heart normal, slight tympanitis of abdomen, tenderness and gurgling in the right iliac fossa. There are about a dozen rose-colored lenticular spots on the body. Ordered one drop acid carbolic ter hora.

8th. A. M. Heat  $104\frac{1}{2}$ ; pulse 104. P. M. Heat 104; pulse 100 dichrotic; tongue is very dry and is becoming browner; slept six hours last night and had one stool (pea soup). A large number of rose spots are now visible on chest and abdomen. Ordered  $\mathfrak{z}$ j. vinum xeric. ter in die.

9th. A. M. Heat  $104\frac{1}{2}$ ; pulse 92. P. M.  $104\frac{1}{2}$ ; pulse 92. Tongue very dry and brown; sordes on teeth and gums; sudamina on neck and upper part of chest; some slight subsultus tendinum; slept seven hours last night, and had two stools of the pea soup variety.

10th. A. M. Heat  $104\frac{1}{2}$ ; pulse 92. P. M. Heat  $105\frac{1}{2}$ ; pulse 104. Tongue fissured; same general condition.

11th. A. M. Heat  $105\frac{1}{2}$ ; pulse 96. P. M. Heat 106; pulse 96. Tongue is very dry, brown, fissured, and bleeds. Has had some diarrhea for the last few days. Ordered  $\mathfrak{z}$ j. vin. xeric. ter hora and bismuth pro re nata.

12th. A. M. Heat 104; pulse 96. P. M. Heat  $105\frac{1}{2}$ ; pulse 100. Same condition.

13th. A. M. Heat  $104\frac{1}{2}$ ; pulse 108. P. M. Heat  $104\frac{1}{2}$ ; pulse 108.

Meteorism is increasing, and there is some pulverescence of the nostrils.

14th. A. M. Heat  $103\frac{1}{2}$ ; pulse 96. P. M. Heat  $104\frac{1}{2}$ ; pulse 108. Has been delirious for the last three days.

15th. A. M. Heat  $103\frac{1}{2}$ ; pulse 100. P. M. Heat  $104\frac{1}{2}$ ; pulse 108. Diarrhea is no better. Ordered, ʒss. tinct. kino with his bismuth.

16th. A. M. Heat 103; pulse 104. P. M. Heat 103; pulse 104. Skin moist; is better.

17th. A. M. Heat 102; pulse 92. P. M. Heat 103; pulse 88. Seems inclined to sleep all the time. Skin is becoming moist now.

18th. A. M. Heat  $100\frac{1}{2}$ ; pulse 80. P. M. Heat  $100\frac{1}{2}$ ; pulse 80. Is much better.

19th. A. M. Heat 101; pulse 80. P. M. Heat  $100\frac{1}{2}$ ; pulse 92. Tongue more moist and diarrhea is gone. Has had no delirium for the last three days.

21st. A. M. Heat  $98\frac{1}{2}$ ; pulse 80. P. M. Heat 100; pulse 80. Tongue is cleaning off rapidly.

25th. Heat has varied from  $98\frac{1}{2}$  A. M., to 100 P. M. Is convalescing.

January 13, 1872, discharged—well.

The diet of the patient was chiefly beef essence.

Mary F. Admitted December 19, 1871, æt. 16; Ohio; domestic. Came into the house with no history and delirious.

*On Admission:* Girl of average size and good development; heat  $103\frac{3}{4}$ ; pulse 160; very weak; respiration 40; lungs and heart normal; great tenderness in the right iliac fossa; tongue very dry and brown; hands and feet cold; skin hot; eyes normal; sordes on teeth and gums; a few rose-colored lenticular spots on abdomen; slight subsultus tendinum; face flushed and wild in expression; is delirious and restless; no paralysis of any muscles. Ordered 1 drop acid carbolie ter hora, and ʒss. whisky every two hours, and hot applications to feet and hands.

20th. A. M. Heat  $103\frac{1}{2}$ ; pulse 124, fair force; tongue very dry and brown; is also fissured and bleeds; slept one hour last night; no stool. Ordered treatment continued and to have beef essence for diet. P. M. Heat 103; pulse 140; respiration 32.

21st. A. M. Heat  $102\frac{1}{2}$ ; pulse 144. P. M. Heat  $102\frac{1}{2}$ ; pulse 154; very quick and weak; is not quite so delirious as she has been.

22d. A. M. Heat  $102\frac{1}{2}$ ; pulse 112. P. M. Heat 103; pulse 132.



Is very wild and has decided subsultus tendinum; also pulverescence of nostrils.

23d. A. M. Heat  $101\frac{1}{2}$ ; pulse 96. P. M. Heat 102; pulse 108. Same condition.

24th. A. M. Heat 102; pulse 88. Delirium is gone.

25th. A. M. Heat  $100\frac{1}{2}$ ; pulse 84. P. M. Heat  $99\frac{1}{2}$ ; pulse 84. Tongue is moist and cleaning off at the edges; sordes on teeth and gums are gone.

January 2, 1872. Heat has been  $98\frac{1}{2}$  for last four days. Sits up and walks around.

18th. Discharged—well.

#### CINCINNATI HOSPITAL—SERVICE OF M. B. WRIGHT.

Reported by E. T. COMEGYS, Resident Physician.

*A Case of Convulsions occurring during Labor and ceasing with the Delivery of the Child.*—Alice F., æt. 22, Ireland, domestic, single, primipara. Healthy during gestation; menstruated last February; delivered to-day (November 25, 1871). Labor began about four A. M., the first stage lasting until four P. M., at which time the membranes ruptured. About this time she complained somewhat of a sense of fullness and of pain in her head, but this condition soon disappeared. At 6.15 P. M., she was suddenly seized with a violent convulsion, mouth drawn to the left, eyes turned to the left and upward, pupils insensible to light and somewhat dilated, tonic contraction of all her muscles with some slight opisthotonos. This condition lasted about thirty seconds, and then was succeeded by clonic contractions of muscles and frothing at the mouth, lasting about a minute. After this she remained comatose for five minutes and then became conscious. Pulse 168; respiration 24.

On examination per vaginam, the head was found just passing through the superior strait of the pelvis.

At 6.35 she had another convulsion of the same kind as the other.

At 6.50 she was delivered by aid of the forceps of a still-born male child (first position of the head); fifteen minutes afterward the placenta was taken away. Had another convulsion during the delivery; went to sleep and slept for about fifteen minutes.

Ordered then  $\text{℥ss. tinct. opii camph.}$  Was quiet during the night, slept well and had no convulsions.

Examined the urine and found no albumen, and none was found, although it was examined several times afterward.

January 4, 1872. Transferred to the surgical ward for rupture of the perinæum.

The patient was troubled during her convalescence with constant dull headache for about ten days, but otherwise had no trouble.

---

CINCINNATI HOSPITAL—SERVICE OF W. H. MUSSEY,  
M. D.

Reported by CHAS. FAIRCHILD, Resident Physician.

February 28, 1871. Georgia Brown, aged 22; single; domestic; Ohio. States that one and a half years ago first noticed a swelling in left side of abdomen, which, on being manipulated, could be made to appear on the other side; she had never had any difficulty in menstruation, and menstruates regularly at the present time; states that her face has been swollen at times, and also her feet and lower extremities; says that she often has severe attacks of dyspnœa and palpitation of the heart, especially on any exertion.

*On Admission:* Heart sounds very distinct, they apparently intermit about every third beat; the impulse slow, deliberate, and strong; pulse 72, soft; abdomen presents a large fluctuant tumor; dull to percussion from xiphoid cartilage to pubes; get intestinal resonance low down on the sides of the abdomen; the tumor fills entire peritoneal cavity and distends the abdomen; measurement,  $35\frac{1}{2}$  inches over umbilicus,  $16\frac{1}{2}$  inches from xiphoid to pubes; superficial veins well defined; on laying hand on right side of abdomen and patient taking a full breath, can feel a rough friction or grazing sensation; passes her urine regularly, which is normal in quantity and quality. Womb of normal size, measuring  $2\frac{1}{4}$  inches in length, as obtained by introduction of sound; very movable, appearing to move in a fluid; the patient is a girl of delicate build and appearance; suffers none and is in good spirits; appetite moderate; bowels in good order.

March 2. Ordered,  $\text{℞. pot. chlor. gr. v., tinct. ferri mur. gtts. xv. quiniæ sulph. gr. j., aquæ ℥ij., syr. aurant cort. ℥ij. M. sig. ter in die.}$

## March 3. Menstruating to-day.

15th. Ordered an injection this A. M.; having been prepared by bath and purge, was operated on by Dr. W. H. Mussey, in usual manner for ovariectomy, at 12 M. to-day. Minutes of operation: Anaesthetic used, sulphuric ether (pure), amount  $\text{℥iv.}$ ; duration of administration, 33 minutes; time fully under influence, 13 minutes; pulse at commencement, 96; during administration, 120; at close, 138; catheterized and urine drawn off; an incision made from just below umbilicus to within an inch of symphysis pubes in median line of abdomen; the peritoneal cavity opened; great omentum found attached by adhesions; four ligatures applied and excised; the ligatures cut close and left in peritoneal cavity; the tumor was penetrated with trocar and partially evacuated; the opening in tumor closed by Glover's suture; the tumor withdrawn from abdominal cavity, and two ligatures applied to pedicle, and tumor excised; the ligatures brought out at bottom of external wound; right ovary found to be in state of incipient cystic degeneration, one ligature applied to broad ligament and ovary removed; ligature brought out; external wound in abdomen; peritoneal cavity sponged out and lips of external wound brought in apposition by pin sutures. Tumor examined; found to be a unilocular cyst, containing dark colored fluid of ropy consistency, evidently the result of cystic degeneration of left ovary; weight of tumor and fluid contained  $17\frac{1}{4}$  pounds. At close of operation, ordered brandy and ammon. carb; wound dressed with wet compress of solution of carbolic acid; complains of severe pain in right side of chest and dorsal region of back; ordered morphia bimec. gtts. xxx. every half hour until pain relieved. 3 P. M. Apparently doing very well; very little pain; pulse 100, soft. 3.45 P. M. Great faintness was manifested; pulse become very frequent and feeble, unable to count it; face pale; lips anæmic; surface cool. Stimulants administered and external warmth resorted to by means of hot bottles, etc.; removed compress from wound; slight hemorrhage had taken place; hemorrhage, however, ceased; wound not opened; compress reapplied. 8 P. M. Strength of pulse increased, but still frequent, 140; heat 100; complaining of some pain, the morphia bimec. to be continued and to have tinct. aconite rad. gtts. ij. every two hours.

16th. This A. M. quiet; states she did not sleep any last night; vomited twice; passed urine twice without difficulty; had some slight hiccup through night; pulse 136; heat 100.  $2\frac{1}{2}$  P. M.



Heat 102; pulse 160: treatment continued. 7½ P. M. Heat 115; pulse 160, feeble; respiration 26; abdomen distended and tympanitic; no tenderness except over wound; inclined to doze; complains of strange feelings in head. Ordered chloral hydrat. gr. xx, at night, and powds. of morph. mur. gr. ½, to be given, if sleep not obtained; stop tinct. aconite.

17th. Heat 103; pulse 160; respiration 18; vomited through the night and still continues to vomit this morning; hiccough still persists. 7 P. M. Vomiting still continues; medicine discontinued; heat 103; pulse 160, feeble. Ordered oxygen gas to be inhaled every half hour, and catawba wine ad libitum.

18th. Heat 101; pulse 160; slept most of night; at 4 A. M. commenced vomiting again. 12 M. Distension of abdomen less; no tenderness except over wound; passes her urine without inconvenience; complains of no pain; vomiting less. Ordered wine stopped. 2 P. M. Failing fast; pulse very frequent and feeble. 4 P. M. Died.

March 20, 1871. Georgia Brown. Autopsy, 36 hours after death: Slight post-mortem rigidity; body somewhat emaciated; abdomen very much distended and tympanitic; has an incised wound in linea alba, three inches in length, situated about one inch above pubes; the wound emitted an offensive odor; wound held together by twisted sutures; these removed, the wound immediately gaped open in several places, and elsewhere the adhesions were easily broken down; wound contained small quantity of pus and blood; upon opening abdomen found in pelvic cavity thirteen ounces of dark colored fluid and coagulated blood; the bowels adherent to abdominal walls, and the contiguous folds of intestines to each other by extremely soft adhesions; lower portion of peritoneum covering abdominal wall injected; bowels discolored by absorption of blood coloring matter; one ligature on broad ligament of right side; two on broad ligament on left side of uterus; internal ligature on left side presents the appearance of having slipped; on posterior surface of left broad ligament there was an opening through serous and fibrous layers about half an inch in diameter, located three-quarters of an inch to left of body of uterus about half inch below fallopian tube; internal to this was a red furrow which had the appearance of once having been in contact with ligature; four ligatures found in great omentum; other organs not examined.

## Correspondence.

### *Longview Asylum.*

In the introductory part of the Longview Asylum superintendent's report, Mr. Editor, there are four words calling for special attention, being printed in italics. Addressing the board of directors, Dr. Webb says: "Let me thank you, to whom I am alone responsible, for the unfailing confidence," etc. I am not acquainted with what may have happened, *en famille*, justifying so emphatic an assertion, but what I know is that the sense of responsibility, in a man of Dr. Webb's special attainments and in his prominent position, could not but have a far wider range. The responsibility to the board of directors, on questions of secondary importance, is not too heavy, since there is not one of the highly respectable gentlemen professionally prepared to fully appreciate the specialist's proceedings. The superintendent of so large and costly an institution is responsible to the whole State, to the medical profession, and, above all, to mental science; he is responsible not only for what he does and says, but for what he omits to solemnly declare and urge on, however conscious to be a preacher in a desert. For this reason, Mr. Editor, I will proceed to enumerate the points on which, in my opinion, the report might have expatiated very much to the profit of the directors, of the public, and perhaps of the institution itself.

Longview Asylum has 575 patients and three physicians. Now suppose that every patient requires five minutes only of his doctor's time. (Does Dr. Webb think five minutes, as an average, too much for the individual treatment of the insane?) This makes forty-eight hours medical work, sixteen hours a day for each of the medical gentlemen of Longview. I know that there are lunatics who require the physician's call only when affected with intercurrent diseases, still, woe to the lunatics when the attendants become aware that numbers of patients intrusted to their care escape the physicians' attention for days and weeks perhaps.

But the superintendent has a great many things more to do than to attend the patients (correspondence, superintendent's business of all kinds, writing the annual report, official receptions, and so on), and it is but just and indispensable that part of his medical

work should be laid on the shoulders of his assistants. I will not dwell on this point any longer, but simply say that Dr. Webb could not have found a more important topic to recommend to the directors and the public consideration, than the disproportion between the work to be done and the medical staff. Dr. Webb, it is true, recommends his assistants, Drs. Raschig and De Witt, as competent and faithful, and I am happy to state that medical gentlemen of the highest standing in Cincinnati liberally acknowledge those young doctors' fine parts and characters. They hope that, in the course of years and under the actual Longview superintendent's training, Drs. Raschig and De Witt will become competent to treat the insane; but, I am sorry to say, they are most incredulous in their having already become competent in less than a year's term. What inference is to be drawn from these two circumstances? The want of a sufficient number of physicians first, and secondly, their unavoidable and very pardonable inexperience.

Another point to which Dr. Webb might have called public attention, is the manner in which, in this country, the situations of lunatic asylum superintendents and assistant physicians are provided for. He might have criticised the system of concurrence, almost universally adopted in Europe, and could have demonstrated the advantages of excluding all the learned medical bodies from exercising any influence upon these most important appointments. Nobody could draw such a parallel better than the Longview superintendent, who is said to have dedicated himself to his specialty, on his journey to Europe, during about one year.

No medical man can fail to be surprised on finding that the report has not one relation of a post mortem; nay, one is left to doubt whether they are made at all. Sixty-one deaths of insane people in one year! What an enviable mass of investigating matter! Who of the gentlemen at Longview has the microscopical and who the chemical part of the examinations? Has there not been found anything worth being recorded in the medical report? Page 28, we learn, by the detailed statement of disbursements, that the instruments at least at Longview must be of a superior quality, since the annual bills of A. Autenrieth and Max Woher & Son, for repairs, amount to only \$11.20.

The report, for some reasons unknown to me, although it speaks with satisfaction of the parties, picnics, and balls arranged for the benefit of the insane, does not say a word about one of the most



important agents in their treatment, viz: the method and the means of supplying them with appropriate occupation. I suppose that good numbers of the female patients are employed in the laundry, dairy, and at mending and sewing, although it is not recorded; but it is a thing by far more difficult to employ the male patients, and, therefore, might have deserved special notice. How many of the male insane have been engaged in farming, gardening, in the bakery, in the tailors, shoemakers, and carpenters' shops? In all the European good asylums, there are craftsmen employed as attendants; under their supervision the insane are persuaded to continue their former occupation, or even to acquire a manual skill, which, in case of their recovery, may prove the best preservative against a new attack. Has Dr. Webb forgotten the expression of satisfaction of a certain pride, in the countenances of a good many insane, when he looked at their work and put a question? I have known excitable melancholies to master their bad and noisy humor when threatened to be forbidden to work in the common workshop. Gardening and farming, and mechanics' work, have a great advantage over greenhouses; it is that of being profitable to the curable as well as to a great number of incurable patients—being for the latter a source of pleasure, of self-respect, which, for a long time, may prevent them from sinking still deeper,

One of the gravest preoccupations of superintendents in Europe is their body of attendants. Dr. Webb, happier than his brethren, does not seem to have to complain in this respect, and I most sincerely congratulate him. I am prone to believe, from so happy a result, that he has reserved to himself the difficult task of instructing them, as some of the most distinguished superintendents in Europe have done, until they could intrust their best assistant with the commission. But however trustworthy the attendants of Longview be, they require, for the sake of their human frailty, to stand under an unrelenting control, and in this regard there is a most important point, to which I beg leave to call Dr. Webb's attention. I am not fanatic for Dr. Conolly's system of non-restraint, universally adopted in England, but I am very much in favor of using restraint as little as possible, to limit it to the smallest number of cases. Now, how can it be prevented in an establishment of 575 patients and only three physicians, that the attendants should assume to judge the propriety of employing restraint themselves? And what guaranty have those who intrust a

friend or relation to the asylum, that they will not be submitted to restraint, except when used in compliance with a physician's order? When Dr. Conolly (Hanwell Asylum) was about to realize his reform, he ordered the ward attendants to report instantly to the physician on duty any case seeming to require restraint. Then the physician had to decide whether the straight-waist was to be used or what other means; in case mechanical restraint was prescribed, he had to record it in a book *ad hoc*, the patient's *status quo*, the symptoms for which he was submitted to restraint and the hour; he had to visit him every three hours, and to cause his release as early as possible, recording exactly how long the restraint had lasted.

The result of the rule enforced by Dr. Conolly was most extraordinary; while the number of patients increased, the number of hours passed in restraint by the patients was diminished to a minimum, and the physicians as well as the attendants grew ambitious of having as little restraint in their wards as possible. Of course the time tables of restraint were embodied in Dr. Conolly's annual reports, each of which had medical scientific value, and might still serve as a model. I have been at Longview but once, and saw a colored man who had been under restraint much longer than necessary; the heavy leather sleeves were fastened too tight, and the poor man's hands were edematous. The recollection of this case and one circumstance, about which there is no commentary in the report, induce me to recommend Dr. Conolly's practice. There are 26 colored insane at Longview, and 21 patients supported by friends. Since it is not stated in the report to what sex those 47 patients belong, I will suppose them to be equally divided, say 13 male and as many female colored patients, and 11 male and 10 female insane supported by friends. Now the colored ward would absorb 2 male and 2 female attendants, and the private patients the same number. That means that 11 male attendants, out of the whole number of 15, are left available for 258 male patients, and that 270 female insane are cared for by twelve female attendants, or 23.4, respectively 22.5 patients to each attendant. Now, since no ward should be allowed to have less than two attendants, those 258 male patients must be distributed in 5 wards of about 50 insane each. I am quite certain that Dr. Webb does not agree with wards of such dimensions. But if there are more wards, they can have but one attendant, and this, of course, is a most serious inconvenience, al-

most inevitably calling for abusive—I mean, medically unjustified—restraint. It seems clear that the number of attendants, as well as that of physicians, is insufficient, and the report should have shown that emphatically.

The report, unfortunately, does not contain the relation of one single interesting case, and if, during the whole year there has been none worth recording, the medical gentlemen of Longview deserve our deepest commiseration. As for therapeutical suggestions, you only find recommended flowers, and music, and birds, although the expenditure of \$3,000 for medicines might lead to believe that some therapeutical observations could have been gathered. Suppose the report, for want of anything more interesting, had brought us a dissertation on the effects of intermittent fever on the different forms of insanity, or an essay on the different methods of using quinine—it would not have lessened its value.

Dr. Webb, when recommending Col. A. M. Robinson, the steward, says: “He is not only honest, but faithful and competent.”

You know, Mr. Editor, that I am as yet a foreigner to your country and your language; please, therefore, inform me whether it is of good taste, in this republic, to eulogize anybody by saying that he is honest, and what is meant by “faithful,” a quality equally attributed to the assistant physicians.

G. HOLDT, M. D.

P. S. Should not such experiences as made with the insane negro, Thomas Jones, prove the necessity of a greater number of attendants?

---

MCINDOE'S FALLS, VERMONT, February 5, 1872.

*Editors Lancet and Observer:* In the January number of the *Lancet and Observer*, page 29, Dr. A. D. Tomlinson, of the Kiowa Indian Agency, reports a case of maggots in the nasal cavity or pharynx, and expressed a desire to hear from the profession some suggestions in relation to such cases. I have none like his, but have one in whom maggots traversed the eustachian tube, and were picked out of the nostrils, and coughed up.

*Case.*—Royal Smith, aged 3 years. Was attacked with scarlatina in the spring of 1864. He recovered fully, excepting a discharge



from his ears, which troubled him more or less for several years after. In February, 1865, I attended him for a severe pain in one ear, which seemed to extend to the face and posterior nares. There was some swelling of the external meatus, throat, nares, and integuments of the face, with very high fever and great restlessness. I learned that he had had several such attacks in the previous fall and beginning of winter, but they continued only two or three days, then rapidly returned to his usual health. On specular examination, I found the membrana tympani ulcerated through, the surrounding parts inflamed, and bathed in fetid pus.

My diagnosis at this visit was: Increase of inflammation in the internal ear, extending down the eustachian tube into the nasal cavities. On my visit the next day, the mother told me that the boy had coughed up and picked out of his nose several small worms that looked like maggots, and should have called them maggots had it not been in midwinter, when there were no flies. She saved several for my inspection. The boy was almost as well as usual; fever and swelling nearly all disappeared.

On close examination, I found the maggots to be the larvæ of the common house fly (*musca domestica*). They had been deposited in the external meatus by the mother, developed in the pus of the tympanic cavity, and descended the eustachian tube in search of a more favorable place in which to undergo their final change.

In the kitchens of many of our northern Vermont neighbors it is not unusual to see a few surviving flies all winter long; and for want of a better place, the female had selected this location for her progeny. This is not an analogous case to Dr. Tomlinson's, but it shows with what pertinacity dipterous insects succeed in depositing their larvæ in the interior of the human body.

J. M. CURRIER.

---

*Dr. Nathan Johnson.*—Dr. Johnson died in Cambridge City, Indiana, on the 4th inst., aged 77 years. He was born in Loudon county, Va. His field of practice during the last forty-five years of his life was in Leesburg, Ohio, and in Cambridge City, Indiana. He was a regular subscriber to this journal during the last forty years.—*Med. and Surg. Journal.*

## Editorial.

*Medical Colleges.*—Our readers want to know what the colleges are doing, and especially what they are doing for the advancement of our profession. We might say much for the encouragement of our friends at various country localities, who struggle for name and fame, but this is not the place for any such matter.

The colleges have been attended with unusually large classes this winter; thus the "Miami" has had nearly two hundred students in attendance, and we learn with pleasure that the "Ohio" has had a class of about the same number. All this shows what we have for a long time claimed, that Cincinnati had, in collegiate and hospital advantages, as good, if not better, attractions than any important city of the country, and that students will find in our city all desired didactic and clinical advantages, certainly all they can make available.

*The Miami Medical College* held its regular annual exercises on the evening of February 29, at College Hall. There was a large audience of friends present, and all the exercises were pleasant and satisfactory. Prof. Mendenhall gave a statement of the condition and affairs of the college; its freedom from indebtedness; the healthy condition of its affairs; and that it had received an increase of students much beyond all ordinary expectation. All of which was received with "encore" by the audience.

The religious exercises were conducted by Rev. Mr. Boice, after which the diplomas were delivered in course to the regular graduates by A. H. McGuffey, Esq., who gave a brief parting address to the class. The graduates were as follows:

A. W. ASHBURNE.....	Batavia, O.
J. H. ABBOTT.....	Chandlersville, O.
J. W. ANDERSON.....	Hamilton Co., O.
J. H. BRILL.....	Pittsboro, Ind.
JAS. T. BROWN.....	Middleburg, O.
P. H. BROOKS, A. B.....	Carthage, Mo.
JNO. M. BUHRMANN.....	Cincinnati.
E. V. B. BUCKINGHAM.....	Centerton, O.
W. P. BUCKINGHAM.....	" "
W. S. BOOKWALTER.....	Miamisburg, O.
W. J. BATES, JR.....	Wheeling, W. Va.
E. B. BLAIR.....	Russellville, O.

A. A. COOLING.....	Foster's Crossing, O.
J. M. CARPENTER.....	New Lancaster, Kan.
GEO. CONNER.....	New Richmond, O.
E. T. COMEGYS.....	Cincinnati.
WM. A. CROSS.....	"
E. B. DAVIS.....	Dayton, O.
E. F. DAVIS.....	Cheviot, O.
W. M. DEWITT.....	Cincinnati.
G. W. DECKER.....	Centerton, O.
L. H. DORWIN.....	Gettysburg, O.
J. B. DARLING.....	Brandon, Iowa.
GEO. DEVERTER.....	Annapolis, Ind.
G. W. EDDINGFIELD.....	New Ross, Ind.
E. A. FARQUHAR.....	Putnam, O.
H. R. FILLEY.....	Cincinnati.
CHAS. FAIRCHILD.....	"
J. H. GASTON.....	Stanford, Ind.
DAN'L H. HARE.....	Faircastle, O.
W. D. HANCOCK.....	Millville, O.
FRANK H. HURD.....	Woodgrove, O.
JNO. A. HOBSON.....	Bartlett, O.
R. B. HALL.....	Lowell, O.
A. P. HOXEY.....	Mowequa, Ill.
JNO. G. JONES.....	Versailles, Ind.
J. C. LINDSAY.....	Cotton Hill, Ill.
RICH. MOORE.....	Princeton, Ind.
C. E. MARTIN.....	Wheeling, W. Va.
WM. MARQUIS.....	Madison, Ind.
I. S. MANNING.....	Manchester, Ky.
S. M. MUSGROVE.....	Urbana, O.
S. B. MOON.....	Pittsfield, Ill.
T. H. MOORE.....	Madisonville, Ky.
J. H. NAU.....	Lithopolis, O.
E. E. NIXON.....	Cincinnati.
W. H. H. NASH.....	Miller's, O.
V. B. NEWMAN.....	Dixon, Ky.
D. H. O'LINN.....	Magnolia, Iowa.
Z. ORTO.....	Clover Bend, Ark.
A. C. OATLEY.....	New Straitsville, O.
WM. HARVEY PAUL.....	Urbana, O.
W. A. PRIEST.....	Buchanan, O.
S. H. REYNOLDS.....	Wirt, Ind.
T. J. RICH.....	Lake Creek, Ill.
W. H. RICHARDS.....	College Corner, O.
J. W. SPAIN.....	Princeton, Ind.
C. H. STILLEY.....	Upper St. Clair, Penn.
H. M. STILLEY.....	" " "
C. C. SATER.....	Greenville, O.
A. K. STOCKDALE.....	Putnam, O.
P. M. SMALL.....	Eaton, O.
JNO. SHATTUCK.....	Marion, O.
D. B. WILLIAMS.....	Bedford, Ind.
J. L. WAFFENSMITH.....	Batavia, O.
JNO. WALLACE.....	Zanesfield, O.
L. WOLFE.....	Cincinnati.

AD EUNDEM DEGREE.

C. DE RICHEY, M. D. (Uni. Louisiana).....	Springfield, O.
R. M. KING, M. D. (Jeff. Med. Coll., Phila.).....	Madisonville, Ky.



After the delivery of the diplomas, Prof. Norton made a very fine address as to the duties and requirements of physicians. It was highly appreciated by the crowded audience present.

Prof. Murphy delivered to each of the graduates a copy of the Code of *Ethics*, and made remarks suited to the occasion.

After the benediction had been pronounced, the members of the faculty, with the new graduates and a number of invited guests, repaired to the residence of Dr. Richardson, on Eighth street, where a generous feast had been prepared in anticipation of the visit. Upon the whole, the evening was very pleasantly passed by the newly created M. D.'s. and their friends.

The *Medical College of Ohio* held its regular annual commencement exercises on the evening of March 1st. The opening remarks of Prof. James Graham, Dean of the Faculty, were listened to with attention, and were followed by the conferring of the degrees. This ceremony was performed by the Hon. Flamen Ball, President of the Board of Trustees, and at its conclusion the gentleman delivered a prepared address, which was received with applause. Judge Whitman, on behalf of the trustees, was the next speaker, and his remarks, addressed chiefly to the graduates, were of a highly interesting character. Prof. Thad. A. Reamy, deputed by the faculty for the purpose, furnished the concluding discourse.

The following is the graduating class :

## GRADUATES.

Adair, Wm. A.....	Ohio	Hazlewood, A. J.....	Ohio
Anderson, J. B.....	Indiana	Hays, John W.....	Ohio
Baughman, J. S.....	Ohio	Hughes, E. E.....	Ohio
Brown, T. L.....	Ohio	Hussey, Allen.....	Ohio
Brundige, S. P.....	Ohio	Hutchins, F.....	Indiana
Brunmeve, J. A.....	Illinois	Johnston, James.....	Illinois
Burnet, John W.....	Illinois	Johnson, C. B.....	Ohio
Campbell, John.....	Ohio	King, M. A.....	Kentucky
Cook, George F.....	Ohio	Kroeger, John A.....	Illinois
Carpenter, C. D.....	Ohio	Langenbeck, F.....	Ohio
Carver, Robert F.....	Ohio	Lewis, D. M.....	Ohio
Carr, John M.....	Ohio	Linsman, S. J.....	Indiana
Crumbaugh, S. S.....	Ohio	Lockhart, J. M.....	Ohio
Dailey, J. J.....	Indiana	Lyle, John M.....	Ohio
Darnall, G. D.....	Iowa	Martin, R. Y.....	Indiana
Davis, John T.....	Ohio	Mason, Leonidas.....	Indiana
Dean, R. T.....	Ohio	Mannon, A. A.....	Illinois
Dougherty, J. D.....	Ohio	Marshall, W. S.....	Illinois
Drake, J. T.....	Ohio	Mendenhall, A. P.....	Indiana
Duncan, J. W.....	Indiana	Moore, Wm. E.....	Ohio
Elder, Wm. T.....	Ohio	Morgan, B. B.....	Indiana
Finnell, R. L.....	Kentucky	Miller, E. B.....	Indiana
Fine, Ephraim M.....	Indiana	Myers, N. D.....	Indiana
Foertmeyer, C. H.....	Ohio	McAllister, H. G.....	Ohio
Frame, John A.....	Ohio	McBean, John S.....	Ohio
Gaddy, Orville.....	Indiana	McKechnie, J.....	Ohio
Goodlove, W. M.....	Ohio	Morrison, T. G.....	Kentucky
Grier, David G.....	Ohio	Nichols, J. H.....	Ohio
Guthrie, W. B.....	W. Va.	Parker, G. G.....	Indiana
Hall, Wm. A.....	Kentucky	Parker, E. W.....	Ohio

Piper, John W.....	Ohio	Snyder, E. D.....	Ohio
Plummer, I. N.....	Indiana	Sutton, W. E.....	Indiana
Prather, U. C.....	Indiana	Taylor, Amos.....	Ohio
Prewett, R. C.....	Illinois	Taylor, J. L.....	Ohio
Pryor, R. E.....	Ohio	Thornton, P.....	Kentucky
Ray, James B.....	Ohio	Thomas, J. S.....	Illinois
Reamy, L. M.....	Ohio	Vaughters, T. G.....	Ohio
Richardson, J. V.....	Ohio	Vincent, H. C.....	Indiana
Rice, B. S.....	Kentucky	Vickery, M. V. B.....	Indiana
Ringer, A. W.....	Ohio	Warner, A. H.....	Wisconsin
Robinson, J. T.....	Ohio	Walton, C. C.....	Indiana
Roll, James H.....	Ohio	Wells, A. A.....	Kentucky
Rosson, J. B.....	Illinois	Wells, W. T.....	Indiana
Rowe, Darius.....	Ohio		

## AD EUNDEM.

Dr. F. P. Anderson (Miami Medical College, Cincinnati) .....	Ohio
Dr. W. O. Smith (Transylvania University, Kentucky) .....	Kentucky

## IN HONORIAM.

E. S. Wayne (College of Pharmacy, Philadelphia).....	Ohio
--	------

*Prof. W. W. Dawson* recently inaugurated a good move. For the best bandaging, all the class of the Medical College of Ohio to compete, he offered a fine case of instruments. Dr. Mussey, of the Miami Medical College, Dr. Dandridge, of the city, and Dr. Juler, of Covington, were selected as arbitrating committee. The contestants made their trial at the Good Samaritan Hospital, and so many excellent displays of skill were made that the committee found it very difficult to arrive at a discriminating decision. The final decision, however, allotted the prize to Mr. Blackstone, to whom we extend our congratulations. The whole affair was conducted in a way to stimulate students, and the finale was enjoyable.

"*Jackson's Cough Syrup*."—The formula for this preparation has not been uniform, and therefore the Cincinnati College of Pharmacy has recently presented to the Academy of Medicine the following formula as an uniform standard, indorsed by the secretary, Mr. James M. Ayres:

R.—Fluid Extract Ipecac, ʒss.  
 Fluid Extract Senegæ (ʒi Rad. Senegæ to fʒi) ʒiii.  
 Fluid Extract Rhei, ʒiv.  
 Syr. Simplex, ʒxxxii.  
 Morphia Murias, grs. viii.  
 Ol. Sassafras, gttæ xxxii.  
 M. ft. Mistura.

And hereafter all prescriptions for this mixture will be prepared on the above formula. There are other preparations of a standard character which should receive the attention of the College of Pharmacy, and we trust they will at an early date.

*Vaccination Objection.*—A small boy in an Indiana town made several applications to be protected against the scourge of small-pox. Finally his physician was able to accommodate him with an excellent "scab" from a healthy boy; but when the patient found where it came from he objected to the application being made for fear he would "stutter," as the boy who furnished the material was addicted to that method of articulating.

*Insanity.*—Recently the Academy of Medicine of this city has had under discussion the medico-legal points called out by the consideration of the case of Mr. Blackburn, charged with the murder of his mistress in Highland county, in this State. At our request Dr. Holdt has written out his views in full, and these, with other remarks made before the Academy of Medicine, will be given in our next issue. Most of the discussion thus far appears in our present number.

*Cincinnati Hospital.*—At the recent competitive examination for position of *interne* in the City Hospital, a large number of gentlemen were applicants, and after the usual rigid and impartial examination by the staff, the following were elected to serve for the year 1872-73: W. H. Falls, F. Kramer, J. L. Neave, B. Ratterman, of the class of the Miami Medical College, and J. H. Brown and J. G. Hyndman, of the Medical College of Ohio.

*The Good Samaritan Hospital* has elected the following as *internes* for the following year, all from the Medical College of Ohio: A. W. Ringer, Jno. M. Carr, and A. M. Lockhart.

*Death of Dr. I. S. Dodge.*—Dr. I. S. Dodge died at his residence, near Avondale, March 1.

Dr. Dodge was one of the oldest practitioners in this city, having commenced his practice about the year 1835.

He was born in Waterford, Washington county, Ohio, October 6, 1807, and was a graduate of Kenyon College. After his graduation he came to Cincinnati, and pursued his professional studies here, where, upon graduation from the Ohio Medical College, he settled.

The loss of his daughter, Mrs. L. R. Hull, was a terrible blow to him, and since that time he has been perceptibly failing. Only last Sunday he followed to the grave a beautiful and beloved



granddaughter. Some friends gently remonstrated against his going, on account of his bad health. But he said, sadly: "Yes, I will go. I shall be carried thither soon myself, and I want to see Spring Grove once more before I die."

Thursday morning, February 29, he was prostrated by an attack in the nature of apoplexy, which resulted fatally as above.

His attainments in his profession were high, while he possessed a singularly warm and tender heart, and a gentle manner which fitted him to be the friend and comforter as well as the physician of his patients, and which greatly endeared him to all with whom he came in contact. Few men who have died in Cincinnati recently have left behind them more warm personal friends, or will be more sincerely mourned.

He was married October 6, 1836, to Miss Emily W. Dana, of Belpre, Ohio. Mrs. Dodge and three children survive him.

*"Practices Affecting Population."*—We have had on our table for some time several pamphlets bearing upon the question of generation, abortion, and population. We have only time and space to notice these briefly. Dr. Van De Warker, of Syracuse, New York, has devoted much care and analysis to the matter of criminal abortions, for which he deserves the good will and compliments of the profession. In his essay he points out the great frequency with which women resort to drugs and their mischievous tendency. He also details the drugs that have been sold for these purposes, and comments somewhat upon the comparative effects of drugs and instrumental abortion. The whole of his paper goes to show that there is no harmless plan of producing an abortion, but for various points in this question Dr. Van De Warker has done good service. In the Transactions of the American Medical Association for last year will be found a valuable contribution to the same subject by the committee on criminal abortion.

*Half Yearly Compendium of Medical Science.*—This abstract of the medical journals of the world grows in favor, from its inherent excellence. The part for January, 1872, is received, and fully sustains the reputation already established. All physicians need their several journals for seeing the constant and current literature of the profession; they also need these retrospects and compends, as convenient means of referring to the important contributions constantly made to medicine in all its branches. The

price of the *Compend* is \$3 a year, but we furnish the *LANCET* AND *OBSERVER* and *Compendium* for \$5.

*London Lancet*, and other exchanges. Such of our friends as desire to take advantage of commutation arrangements will please advise us at once.

We delay the issue of this journal again longer than we hoped; partly to include notices of the college commencements. We shall now endeavor to issue about the first of the month punctually, and we must ask our correspondents to bear this in mind, and not send us papers for insertion late in the current month, as is frequently the case.

*A New Pacific Journal.*—The *Western Lancet* is the title of a new medical journal at San Francisco. We recognize some old-time friends among the contributors to No. 1. We wish the journal that so unblushingly steals our venerable name a long and useful life, and welcome it and its conductors to the editorial ranks with great pleasure.

*Special Anatomical Course; Miami Medical College; Spring Term, 1872.*—Dr. J. L. Cilley will hold daily demonstrations and examinations on the cadaver during the Spring Course.

The series will be more than mere anatomical demonstrations.

Regional anatomy and the application of anatomical knowledge in the treatment of *fractures* and *dislocations* will be especially dwelt upon.

The many important points in minor surgery, including catheterism, will be discussed.

It is intended to make this a thoroughly *practical course*.

Persons wishing to subscribe will please hand their names to the undersigned immediately.

Fee for the course, \$10.

J. L. CILLEY, M. D.

No. 259 West Eighth Street.

*Reviews and Notices* crowded over till next month.

## Obituary.

*To the Academy of Medicine of Cincinnati, Ohio—Gentlemen:*  
Your committee, to whom was referred the duty of drafting a preamble and resolutions expressive of the feelings of the Academy in regard to the death of our late member, *Dr. George C. Blackman*, which occurred during its summer recess, begs leave to submit the following:

WHEREAS, By a dispensation of Divine Providence, Prof. G. C. Blackman, a late member of this Academy, has been taken from among us since our last meeting; and,

WHEREAS, We recognize in his loss a great calamity, not only to the members of this Academy, and to the profession at large, but also to the general community.

*Resolved*, That this Academy with unfeigned sorrow receives the announcement of the death of its late member, Dr. George C. Blackman.

*Resolved*, That in the death of Dr. Blackman this Academy has lost one of its most distinguished and honored members, the medical profession a brilliant and cultivated leader, and the community a valuable citizen.

*Resolved*, That we tender to the bereaved family our condolence in their affliction."

*Resolved*, That these proceedings be published in the medical journals of this city.

C. S. MUSCROFT, M. D.

J. M. TUCKER, M. D.

THAD. A. REAMY, M. D.

S. BONNER, M. D.

GEORGE B. ORR, M. D.

*Committee.*

Dr. George C. Blackman, Professor of Surgery in the Medical College of Ohio, died at his late residence in Avondale, at ten o'clock on the evening of July 19th, after a confinement to his room for about six weeks.

A late writer says: "The death of this eminent man demands more than a passing notice. His great abilities, achievements, and fame deserve distinct recognition."

George Curtis Blackman, the second son of Judge Thomas Blackman, was born at Newtown, Connecticut, April 21, 1819. He graduated in medicine at the College of Physicians and Sur-



geons, New York, March 1, 1840. During the early years of his professional life he was engaged as surgeon of an Atlantic packet ship, and while thus employed crossed the ocean frequently.

He spent considerable time in professional study in Great Britain and France, the greater part in London. While in the latter metropolis he had to contend with the greatest poverty, want, and suffering, equaling for a time that described by the Hon. John de Quincy, as occurring to himself, in his classic work entitled the "History of the Opium Eater." As much of this part of his life has been so well portrayed in a paragraph from one of the recent English medical journals, and as it indicates to what extent he was appreciated abroad, its insertion here fully corroborates the testimony of many of his friends who were also acquainted with the facts.

*The British Medical Journal*, of September 30, 1871, contains the following notice of the death of the late Dr. Blackman, of the Medical College of Ohio:

"The late Prof. G. C. Blackman, of Ohio, whose death, at the age of 52, is announced, was well known in this country as a bold and accomplished surgeon, enthusiastic in his profession, and accomplished in its highest branches as a science and art. He was personally known to more than one of us in this metropolis. In 1855 (this date ought to be 1845) he became an occasional student at the London hospitals, subsisting in London, by a system of the most rigid self-denial, for some months on about fifteen pounds—'studying covered with bed-clothes to avoid the expense of a fire, and subsisting on two penny rolls a day.' He was treated with characteristic kindness, which he never forgot, by a surgeon whose kindness and nobility of character have endeared to him many hundreds of pupils and friends. Mr. George Pollock, of St. George's Hospital, and Sir William Fergusson, also received him kindly and hospitably. At a later date he was one of the very few foreign surgeons elected a member of the Royal Medical and Chirurgical Society. Although he attained to great eminence and wide repute, he seems from various circumstances to have failed to realize a fortune."

He was also honored by the same society, at a much more recent date, in receiving from it a letter thanking him for a paper he had written for the society. Some of your committee had the pleasure of seeing this letter, couched in language the most complimentary and flattering.

At an early period in his professional life he had become so weak and emaciated from cough and hemorrhage, that some of the first European physicians, whom he consulted, pronounced him to be in the last stage of pulmonary phthisis, and that his recovery was impossible; this prostrated condition of his system was his chief motive for so frequently going to sea, finding that whenever he could have the benefit of sea air, his health always improved. And astonishing as it may seem, he has crossed the Atlantic ocean not less than thirty-six times, besides visiting South America.

Dr. Blackman has always been a large contributor in the journals to medical literature, his first article appearing as early as the year 1842. There was no writing the subject of which did not indicate the greatest ability; and "especially did he vindicate the honor of American surgery on all occasions, and wrested from foreign pretenders claims to priority which justly belonged to American surgeons."

Among his contributions was his translation of Vidal's treatise on venereal disease, with the addition of many valuable notes. In this work he contended that there was no condition of syphilis that was not communicable by inoculation.

In this country there was not a surgeon of any eminence that he could not claim as his personal friend. Among these admirers may be mentioned Mott, Gross, and Parker, the first named of these gentlemen requested him to edit his translation of Velpeau's Surgery. To this work he added an appendix of great value, as well as many notes and comments, illustrating his remarkable acquirements in surgical literature.

Dr. Blackman, upon the recommendation of the most eminent surgical men of this country, came to Cincinnati in the year 1854, soon after which he was chosen by the trustees of the Medical College of Ohio to fill the chair of the Principles and Practice of Surgery, and this position he continued to occupy until his death; and all who have heard him lecture, whether physician or student, give their willing testimony to his superior ability as a teacher. Although he displayed immense power and enthusiasm, which he brought to bear upon his subject, as a didactic lecturer, it was in the hospital amphitheater that he shone so brilliantly. Here he seemed inspired with almost superhuman powers. There was no surgical disease brought before him the pathology of which he did not understand at a glance, and demonstrate and explain with a clearness and precision that was faultless. He would not

only describe the case before him to the full satisfaction of all present, but would give the history of the disease, with choice extracts from all that had been written upon it from the most remote period to the present time.\* He would then proceed to operate, and this he did with elegance, safety, boldness, and rapidity, but without haste. Among all who have seen him operate, none have ever said he had an unsteady hand. There are few of the great operations that he has not performed, and many of them frequently. And he has performed some operations, both in private practice and before the classes in the hospitals here, that have thus far never been done by other surgeons in the Western country.

Dr. Blackman has been surgeon to the principal hospitals in this city. The Commercial Hospital (since the Cincinnati Hospital), the Good Samaritan, formerly St. John's, and St. Mary's Hospital. He was, during the late war, surgeon of volunteers, and was in the field service in the South as Medical Director to Gen. O. M. Mitchell's Department of the Army of the Cumberland, and afterward on the staff of General McClellan at the time of the great battles of the Wilderness.

As an author, Dr. Blackman has not left any work behind of great importance; although it was his intention to have written one on the principles and practice of surgery, and he was selecting material for that purpose. He had also a work in process of completion upon the subject of malpractice, and it was to have been forensic in its character. He had associated with him in this enterprise one of the leading legal gentleman of this city and State; whether this work is in a condition to reach completion your committee is not informed. The following is a list of all the works he has written, edited, or translated, viz: Vidal on Venereal Disease, Velpeau's Operative Surgery, Hand-book of Military Surgery (in this he was associated with the late Dr. C. S. Tripler, U. S. A.), as well as innumerable contributions to all the leading medical journals of the United States.

Socially Dr. Blackman was genial and one of the most interesting men in conversation it was possible to listen to, his great reading outside of his profession and extensive travel and observation, with a most happy faculty of narration, tinctured with imagina-

---

\* Indeed, so well posted was he, that he has been called by those who knew him best a "walking encyclopedia of medical literature."



tion and a sense of the ridiculous, rendered his anecdotes spicy, pleasing, and always free from vulgarity. His friendships were strong, and his animosity to those who he imagined had wronged him was severe and cutting. And yet he was always ready to make ample apology when upon reflection he thought himself at fault. As a professional man he was one who did not only love learning himself, but always encouraged others to cultivate and improve themselves in whatever branch of their profession they had selected, and he enthused into others a spirit of progress and love for the study of scientific pursuits. None have done more, or perhaps as much as he, in this respect, since his residence among us.

His remains ("the last of earth") were taken from his late rural home on the 21st day of July, 1871.

"The next with dirges due in sad array  
Slow through the church-way path we saw him borne,"

and deposited in the beautiful cemetery of Spring Grove, attended by an immense concourse of friends and admirers. Where his monument—

"Implores the passing tribute of a sigh."

*Mr. President:* The committee appointed by you to report upon the life, character, and professional services of our lamented fellow-member, the late *Dr. Wolcott Richards*, beg leave to report for the consideration of the society some of the physical, social, and professional features of a man who for many years maintained among the physicians of our city a most respectable and lucrative practice, without a stain upon his moral character, or a single imputation of professional discourtesy toward his medical associates.

A brief review of such a life as was exhibited by our deceased friend is, we think, calculated to excite to praise worthy emulation, as well as to raise to a higher position the standard of professional worthiness.

*Dr. Wolcott Richards* was born in the town of New London, Connecticut, on the 15th day of June, 1803. Of his juvenile days and undeveloped manhood we can not speak, for our information on this subject is unsatisfactory, and perhaps very few, if any, can now be found who are able to recount to us the pleasures and pains, the joys and sorrows, marking the checkered pathway which probably led him, as they have us all, from happy youth to responsible

maturity. All we can learn of his early manhood is that with due deliberation, and perhaps with an intuitive perception of his peculiar adaptation to such a life, he chose the medical profession as the proper field for the exercise of his mental and moral powers. The wisdom of this decision was fully shown by his future success in securing and keeping for many years a most enviable practice, and in surrounding himself with friends from all classes of society, whose affections and sympathies were ever freely manifested toward him, whether his afflictions arose from domestic disquietudes, pecuniary losses, or bodily ailments, to the last of which his feeble organization rendered him peculiarly liable.

In the commencement of his medical studies, it appears that he was placed under the instructions of Dr. North, a gentleman of local reputation in the town of New London, the place of the birth of the deceased. Under the care of this gentleman he remained for one or two years, and subsequently attended a course of lectures in the city of New York. His studies were afterward continued at the medical school connected with Yale College, where he was graduated in the spring of 1828.

We are not informed whether during his collegiate course he ever evinced a predilection for any particular branch of medical science, but we would rather infer from his future career that his mind was more especially directed to the acquirements of such general practical knowledge as would best prepare him for the most extended usefulness to his future patrons and friends. Indeed, we are not aware that he was ever interested in any specialty, to the exclusion of the duties involved in general practice for which he was eminently fitted.

The first exercise of his profession after his medical graduation was, so far as we can learn, in the city of Brooklyn, containing at that time some 10,000 or 12,000 inhabitants. From the brevity of his residence in this place, we suppose his expectations of professional success were not realized, for in 1828, the same year of his graduation, we find him in the Queen City as a candidate for practice, receiving the most cordial welcome and a prompt support from many of our most wealthy citizens.

He was not only admitted to the social circles of the better classes, but very soon, as their physician, to all the kind relations of their domestic firesides. The confidence thus so freely exhibited toward the doctor was never abused by him, and instead of being lessened by a long continued professional association, grew

stronger and stronger as the kind and gentle physician proved, by his devotion to the sick and his fairly successful practice, his ability to discharge the responsibilities he had assumed.

For some thirty years Dr. Richards continued his active and laborious practice with a perseverance and energy but poorly sustained by a constitution naturally frail. Dyspeptic derangements and exhausted constitutional powers occasionally interrupted his industrious habits, and too sensibly proved that his labors were in excess of his physical endurance.

During his unusually protracted medical career, epidemic cholera twice invaded our city, and of course demanded of him more severe and protracted exertion than he was able to endure. At the first invasion of this fell destroyer in 1832, he became one of the stricken ones and had then very nearly terminated his earthly cares. The struggle for life was severe and protracted, and final recovery was secured only at the expense of an enfeebled constitution.

From this period, although he never entirely regained his health, he continued to pursue his profession until the month of June, 1858, when his failing powers compelled him to relinquish his very profitable practice, and attempt by travel and freedom from mental excitements to restore his wasted energies. For some time he traveled more or less extensively, and finally returned from his European trip somewhat improved in health, but could never be prevailed upon to renew his work as a physician.

Fully aware, however, of the danger of physical and mental inertia after a life of intense and laborious excitements, he concluded to seek for occupation and amusement in the cultivation of the ground as a substitute for his relinquished profession. For this purpose he purchased a few acres of ground with comfortable improvements in Waltham, Mass., and here his friend Dr. A. found him in 1863, working as hard as he had ever done during his life, and appearing more robust than he had ever seen him before.

His health being thus somewhat improved by the influence of rest and the climate of the seaboard, he continued comparatively well, but never vigorous, until the spring of 1871, when he began to show obscure symptoms of the disease of which he died. In February of that year he first began to suffer acute pain along the course of the occipital nerve, which was supposed at that time to be neuralgia. He also suffered from throat symptoms due to irritation. There was relaxation of the uvula, with congestion of



the mucous membrane of the larynx, and a constant irritative cough. The pain in the head was mostly on the left side and confined to a very small space, which was also sensitive to the touch. One or two glands in the vicinity were enlarged and extremely sensitive. At this time there was no paralysis, except a slight one of the auditory nerve. He could lie only on the right side. There was very little change for several months, except a gradual loss of strength and appetite. The pain did not yield to any remedies employed. In July, difficulty of deglutition was first noticed, with some modification of voice sounds. At that time he was able to walk about his room, and once a day in the garden for a few minutes; but most of his time was spent on his bed. About the middle of September he came from New London to New York by boat, and accomplished the journey very comfortably. His case at this time was considered hopeless. He was greatly emaciated, took very little food, and that little in liquid form through a glass tube. An examination was made at this time by the finger, when a tolerably firm tumor was discovered on the left side projecting into the fauces, which produced a good deal of congestion. This continued to encroach upon the throat until early in October, when deglutition became easier in consequence of the ulceration of a portion of the tumor. At this time there was facial paralysis, with absolute deafness only on the left side. He took at this time about a grain and a half of morphine in the twenty-four hours by hypodermic injection, under the influence of which he slept most of the time. Whenever the narcotism passed off, he suffered greatly from mental depression with some hallucinations. He rarely spoke, except in answer to questions. His pulse was exceedingly feeble, respiration regular. Two days before his death, his respiration became irregular, his pulse thready, and he refused all food.

The emaciation was extreme without bed sores, although he had lain on one side for several months. The body did not weigh more than sixty pounds.

Dr. Richards died on the 21st of October, 1871; an autopsy was made on the 22d. A large tumor was discovered growing from the base of the skull, intimately connected with the nerves and blood vessels. The brain was healthy, the nerves, however, showed signs of inflammatory action.

The abdominal viscera were healthy. The left kidney weighed only one ounce, the right one a little larger than normal. Microscopic examination of the tumor showed it to be a sarcoma.

All of which is respectfully submitted.

CHARLES WOODWARD,  
GEO. MENDENHALL,  
J. P. WALKER,  
*Committee.*

THE CINCINNATI

# LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—APRIL, 1872—No. 4.

---

## Original Communications.

### *Art. I.—Inflammation.*

By JAMES F. HIBBERD, M. D., Richmond, Indiana. Read before the Union District Medical Association, October 26, 1871, and ordered to be published.

Two factors enter into the importance with which we regard any subject in medicine as well as in other branches of science and industry, and these factors are, first, its prevalence and extent, and, secondly, our ability to penetrate its mysteries and comprehend its nature.

Viewed in this light, nothing in medicine is more important than inflammation. I can not call to mind a single disorder that the surgeon would be summoned to attend that he would not find inflammation in some of its protean forms present in the progress of the case, if it recovered; and the physician meets with it in a very large proportion of the cases that come under his care. Its gravity is of every possible degree: at one time, the simplest and plainest departure from the normal condition; at another, so intense and complicated that it may cause somatic death before one can determine its precise nature or exact location.

Our interest in inflammation is nothing new; from the beginning of memorial time all writers on general medicine have given it a primal place and large consideration. One author, who recites the bibliography up to 1845, gives precise reference to three hundred and thirty-two writers on inflammation. In the quarter of a century that has elapsed since this list closed, there has been most likely half as many more whose names should be added to make the catalogue complete to-day.

Nor have writers treated the subject curtly, but, on the contrary, most elaborately and exhaustively. In Copeland's Medical Dictionary, the subject of general inflammation is treated of in over sixty-five thousand words, and beside this, every inflamed organ and special inflammation is treated of in a separate monograph. In Chelius' Surgery, which was written about the same time, general inflammation is presented in nearly sixty-eight thousand words; and in the most recent comprehensive work, "A System of Surgery," edited by Holmes, general inflammation is considered in over seventy-seven thousand words. This certainly is abundant testimony that inflammation has claimed the closest attention from the beginning up to the present moment.

Professional interest in inflammation, always great, was intensified many years ago when the accomplished Paget pointed out so clearly that, after all, it was but a disturbance of nominal nutrition. And such developments have taken place in the last decade, wherein the microscope has led us deeply into the arcanum of nutrition and the pathology that has its genesis there, that we could now well afford to study inflammation through a love of science alone. But, to my mind, it should have, for medical men, beside this attraction in the fullest, the great additional one that our progress in elucidating its pathology and improving its treatment may be taken as the measure of progress in the whole realm of the science and the art of medicine. I fancy that our knowledge of inflammation, in all its professional bearings, may be taken as a paradigm—an exemplar—of our knowledge of medicine in general. The position that inflammation may hold, at any time and place, among the more enlightened of the profession, may be safely taken to indicate the status of medicine at that time and place in its better development.

These prodromic remarks are intended to do the mission of an apology for presenting the theme of inflammation to such an



audience as this, when I have no original investigations to announce, but instead only a brief of the more recent investigations of others.

Holmes' System of Surgery is undoubtedly the most complete and satisfactory work of its kind in the English language. A second edition was begun three or four years ago, and the initial volume opens with a superb paper by Mr. Simon on inflammation, and this paper is introduced by the following candid and extraordinary announcement, namely: "The process of inflammation, as regards the intimate nature of those circulatory and textural changes, by which it is constituted, is, at the time of the issue of this second edition, matter of the utmost controversy; or, perhaps, I should rather say all previous doctrines on the subject are just now in the very crisis of a reconsideration, of which the morrow can not be foreseen. In this state of the case, and regard being had to the practical intentions of the present work, it is thought, on the whole, better not to discuss in this place the questions which are now open, but rather to set aside for the present all deeper pathology of the subject, with the intention of devoting a separate paper to it at or before the close of the work. And, meanwhile, in discussing the symptoms and causes of inflammation, the least possible reference will be made to pathological theories concerning the process."

To him who has paid but little attention to the reports of the progress of experimental inquiry into the pathology of inflammation, it must appear passing strange that in 1867 such an announcement as that just quoted could be made in the leading work on surgery of the day. And yet it was made by Mr. Simon, one of the most eminent of British pathologists, and it was true.

It was a long stride from the old Cullenian method of considering inflammation when the microscopist showed us that in the web of the frog's foot the first effect of applied irritation was the contraction of the blood-vessels; and secondly, their dilatation; then irregular movement of the blood, followed by stagnation, and this by exudation, which was esteemed to complete the establishment of the morbid condition known as inflammation.

Bennett's theory was that this exudation was the nidus—the blastema—wherein vital activity created cells *de novo*, which were organized into permanent tissue, or degenerated into pus, according to the vital state of the pabulum and the surrounding tissues.

Virchow asserted that this exudation was brought about by

increased activity of the connective tissue cells of the part subjected to the inflammatory irritation, and that the formation of pus was the further activity of the cells deprived of sufficient vitality to organize into permanent tissue, normal or abnormal; and while asserting this, Virchow admitted the consecutive changes in the blood-vessels and contents enumerated above.

It was among the observations of Virchow, and broadly stated by him, that the white corpuscles of the blood were identical in appearance and composition with pus corpuscles, and that we had no means of distinguishing them from each other, except by their situation: *i. e.*, if they were inside the blood-vessels we knew them to be white blood corpuscles; if outside, they were pus corpuscles.

In 1863, Recklinghausen published a fact of the utmost biological importance, viz: the amœboid movement of leucocytes. By leucocytes is meant a mass of protoplasm, having the power of self-movement, of which both the white blood corpuscles and the pus corpuscles are examples. These leucocytes had been, therefore, observed and described after they were dead and still, and generally after they had been subjected to the action of acetic acid or other preparative agent. Recklinghausen observed and described them alive and active, and unaltered by any agent. There is as much difference, relatively, between a dead leucocyte and a living one, as there is between a dead human body and a living one. The amœba is of the lowest animal organizations, consisting of a single cell, if such a lump of protoplasm may be called a cell. It has the power inherent to push out rays or buds from any part of its surface, in any direction and various forms, and draw them in again at pleasure. Its locomotion is accomplished by its throwing out one of these buds or rays which becomes attached to some support, and then the body of the amœba being drawn to this support. These attributes of the amœba were well known to naturalists, and it was the like attributes pertaining to leucocytes in living animals that was observed by Recklinghausen and constituted so important a step in the domain of biology.

Thus matters stood about four years ago, when Conheim announced that he had observed in the cornea of the frog, subjected to inflammatory irritation, that the cells of the cornea had no part in the formation of the pus that ensued, but that the pus corpuscles emigrated from the congested blood-vessels around the cornea. And he demonstrated that this was not a microscopical illusion by coloring the white corpuscles in the blood-vessels with analine blue,

and then finding these same blue corpuscles in the inflamed cornea as pus corpuscles. By other experiments on the mesentery of the frog, Conheim demonstrated the manner in which these leucocytes passed through the walls of the blood-vessels by amœboid movements and located themselves in connective tissue as pus corpuscles, and it was his conviction that pus corpuscles were derived from no other source.

While the great body of experimental pathologists in repeating Conheim's vivisections became convinced of the correctness of his conclusions, there were not wanting individuals of great celebrity who professed to have followed his line of investigation and still were unable to see what he saw. Robin expressed doubts about the identity of white blood corpuscles and pus corpuscles, and Picot insisted that both Virchow and Conheim were in error, and asserted that the exuded plasma of the blood forms a blastema around the vessels in which little corpuscles formed and grew, while by actual count he determined that not one leucocyte had left the caliber of the vessel. Thus reasserting the doctrine of Bennett with a modification.

It was in a mixed condition of affairs, such as this, that the second edition of Holmes' Surgery was undertaken, in the beginning of which we find the paragraph quoted in an earlier page of this paper. And we are probably all ready enough to concede the justness of the statement that "all previous doctrines on the subject (of inflammation) are just now in the very crisis of reconsideration, of which the morrow can not be foreseen."

The fifth and concluding volume of this elaborate work of Holmes has recently been issued, and, pursuant to the announcement heretofore quoted, it contains a paper, by Dr. Burdon Sanderson, on the process of inflammation. This paper is an excellent presentation of the subject, for Dr. Sanderson has studied with intelligent care the results of the experimental investigations of the German and the French pathologists, as well as those of the English. Furthermore, so far as vivisections are concerned, he has repeated nearly or quite all the operations on which both positive and negative conclusions are claimed to rest. There is, perhaps, but little that is absolutely new to the close and careful student of the monographic literature of inflammation in Dr. Sanderson's essay, but he has so knowingly and pleasantly summed up and verified all that is valuable in the observations of others and of him-



self, to the present, that it has all the force and value of originality.

It will be my aim to present his conclusions as succinctly as I think it can be done to be intelligible.

*The Nervous System.*—Ever since Bernard caused the hyperemic state of the integument of the rabbit's head, by section of the sympathetic in its neck, the relation of the nerves to the capillary circulation has been a point of highest interest. The congestion thus induced is not, however, inflammation, nor does it necessarily lead to inflammation, yet, nevertheless, an afflux of blood is one of the essentials of the inflammatory process.

It has been almost demonstrated that when a point is irritated, the disturbance of the circulation at the point that ensues is in obedience to a reflex action through the vaso-motor nerves, but it is also shown that the phenomena of inflammation may, to a certain extent, occur independent of the nervous system.

Bernard's experiments led to the conviction that the vaso-motor nerve force was resident in the ganglionic system, but, while it is true that this influence is manifested through this system, it is satisfactorily shown that the force is transmitted to it through filaments springing out of the spinal system, and there is substantial reason to believe that this whole vaso-motor force is presided over by a center situated in the intercranial part of the cord, but what it is, and precisely where it is, has not been made out. Indeed, the whole subject of the connection of the nerves with nutrition, and, per consequence, with inflammation, is too uncertain and obscure to be summed up with satisfaction, and yet it is clear that this relation must be definitely understood before we can become fully acquainted with inflammation in all its bearings.

*The Vascular System.*—When a vascular point is subjected to inflammatory irritation, there is at present some doubt whether the vessels contract or not as a first act. Experiment has shown, clearly enough, that such is the case in some instances, and it was formerly assumed to be so in all; but if the web of a frog's foot be irritated with caustic soda, dilute sulphuric acid, or most other substances, there is, primarily, dilatation of the arteries, then of the capillaries; with acceleration of the circulation, and these conditions are followed by arterial contraction and capillary anemia; but if the irritant be liquor ammonia, or carbonate of ammonia, there is first contraction of the arteries with retarded flow of blood, followed by dilatation and acceleration. And, still more remarka-

ble, if croton oil be the irritant, there is always acceleration of the flow of blood as a primary phenomenon, but sometimes associated with contraction, and sometimes with dilatation of the arteries.

But whatever be the fact, as to the first effect on the arteries, there is always presently an increased activity in the circulation, followed, after an uncertain period, by retardation, slower and slower than an oscillation, and finally stasis. When the retardation begins, the white corpuscles gather in layers next the wall of the vessel on the inside, while the colored corpuscles continue in a languid stream in the center. The white corpuscles thus arranged are not inactive. They keep up the amœboid movement, and some of the rays or buds which are projected toward the wall of the vessel attach themselves to it, bulge it out, and presently work themselves through and arrange themselves in layers on the outside of the vessel they have just left, still keeping up their amœboid movement.

But while these active leucocytes have been creeping through the walls of the vessel and keeping up their activity outside, another important phenomenon has transpired. As the current of the blood slackens, the liquor sanguinis transudes through the vascular wall and soaks the adjoining connective tissue, so that, by the time stasis has taken place, we find this condition of affairs, viz: outside the vessels the effused liquor sanguinis, and in this, the white corpuscles of the blood still keeping up their amœboid movements. These late white blood corpuscles have become pus corpuscles, and the late liquor sanguinis has become the liquor puris, and thus already is suppuration established; inside the vessels all is quiet, the caliber of the vessel appearing to be stuffed with colored corpuscles alone. That this stasis is due to the state of the vessels and not to the condition of the blood, is shown by the experiment of substituting milk for the normal blood in the circulation of the frog, when it is found that the milk corpuscles choke up the vessels as those of the blood did before.

*The Connective Tissue.*—According to Conheim, the emigrant leucocytes from the blood-vessels constitute all the pus corpuscles that exist, but it is satisfactorily demonstrated by observations on inflamed cartilage, tendon, and other non-vascular structures, that connective and supporting tissue will produce pus corpuscles by proliferation of their normal cells, and there can be scarcely a doubt that the connective tissue in vascular parts takes on the same action and produces the same results, although the consecu-

tive steps have not yet been seen, because this event is later to begin, and the abundance of the emigrant leucocytes soon clouds everything, and renders the tissue changes that take place invisible.

As the protoplasm constituting the cartilage cell divides and subdivides under inflammatory irritation, the surrounding cartilage softens and breaks down, apparently that it may afford pabulum for the nourishment of these rapidly multiplying leucocytes which creep into the disintegrating mass in every direction; but, whatever may be the purpose of such change, it constitutes the inflammatory softening and ulceration of cartilage. So in vascular connective tissue, the emigrant leucocytes penetrate into its substance, and this, with the soaking of the liquor sanguinis aiding the original stimulant that irritated the vessels into inflammatory action, causes the whole tissue involved to become a limited liquid deposit, constituting an abscess.

This is destructive inflammation of connective tissue; but destructive inflammation may involve a muscle or a nerve, and in such event the connective tissue of such organ goes through the same process, and while so doing the sarcofibrinous element of the muscle and the medullary matter of the nerve break down into an oleo-albuminous liquid, which disappears with the pus. In glands, the special cells may be set loose entire and cast away by the action of the stroma-tissue which normally held them together; and in epithelial structures the cells may also be cast off entire, with little or no change, by the action of the subcuticular tissue, while the under tissue itself may undergo the metamorphosis already described for connective tissue.

But there is a separative inflammation as well as a destructive one, and in this process a part only, or none, of the connective tissue becomes pus, under the activity excited by the pathological stimulant; but instead of so becoming pus the increasing elements are formed into additional tissue, which is supplied with vessels for its nourishment. Muscles, gland cells, and such special structures are never renewed; but if lost through destructive inflammation or otherwise, and recovery take place, the loss is supplied by a lower order of structural formation, such as cicatricial tissue.

Such are the nervous, the vascular, and the textural phenomena of inflammation, and such are the results they lead to. It will be observed that the conclusions here arrived at are the conjoined con-



clusions of both Virchow and Conheim, and they appear to have followed the most earnest, the most careful, the most unbiased experimental inquiries after scientific truth in this direction.

*Temperature of Inflamed Point.*—Delicate but accurate measurements of the temperature of inflamed points have been made by a miniature thermo-electric battery, under the direction of Mr. Simon, resulting in the establishment of the fact that the focus of inflammation is warmer than the arterial blood supplied to it, and that the venous blood returning from such focus is warmer than the arterial blood, but not so warm as the inflamed spot itself. These careful experiments have satisfactorily demonstrated that the process of inflammation is a heat elaborating process by virtue of the increased vital activity of the cells of the inflamed focus, and not by virtue of the afflux of blood to the part directly.

Increased cellular activity and increased heat in an inflamed part are the factors in the genesis of inflammatory fever. The blood and lymph flowing into the general circulation from the focus of inflammation are not only superheated, but they bear with them certain products of the increased activity of the tissues involved, and these combined act as a stimulant to pathological activity in all parts of the body producing fever, and the severity of this fever will be, all other things being equal, in proportion to the extent and severity of the original inflammation.

This is a brief epitome of the present theory of inflammation. Mr. Simon, after canvassing its symptoms, has this terse and comprehensive paragraph, viz :

“Reviewing, then, the four classical symptoms—pain, redness, heat, and swelling—we find that in every examinable case of inflammation, they, or signs equivalent to them, may be locally discovered ; if not always pain, at least always *increased sensibility* ; if not always redness of the inflamed part, at least always *increased afflux of blood toward it* ; if not always swelling, at least always *increased quantity of matter* ; and finally, under all circumstances, *increased heat*.”

*Therapeutics.*—The therapeutics of inflammation is comprehensively and admirably stated to consist in an “*aim to reduce that excitement of tissue which essentially constitutes the disease.*” But the details of management to accomplish this broad purpose are extensive and varied.

Mr. Simon makes this announcement, viz : That *inflamed parts*

*spontaneously tend to recovery as soon as inflaming causes are withdrawn from them*, is a truth which, simple and rudimentary though it appear, is of more fundamental importance than anything else which can be said in reference to the treatment of inflammation."

It is gratifying to see this truth so prominently set forth and emphasized by such a man in such a work, for its positive recognition must underlie all valuable knowledge of the pathology and therapeutics of inflammation, as the writer hereof has repeatedly declared on other occasions.

The means "to depress the local action and obviate the hurtful consequences" of inflammation, are treated of by Mr. Simon under thirteen separate heads, and these embrace the application of cold, counter-irritation, depletion, cauterizing, cutting, antiseptics, anodynes, narcotics, and the use of specific drugs. The teaching in behalf of the application of these remedies is marked by great clearness, candor, and discrimination. It is not within the purview of this paper to attempt even an epitome of this treatment; but it is desirable, perhaps, to refer to the conclusions of the author on the use of the two great remedies of general bleeding and mercurialization.

General bleeding is discussed at some length, and the argument for and against it fairly presented, the author's sentiment being that, for any direct impression on the inflamed part, venesection should not be practiced; but there are conditions of the system at large, associated with inflammation, signalized by hardness of pulse, that warrant the abstraction of blood sufficient to remove this sign of vascular tension. But the application of this agent to abate this condition is hedged with abundant cautions as to what ulterior mischief may follow a wrong resort to it.

After a very lucid discussion of the administration of mercury in inflammation until it manifests its constitutional effects, making fair presentment of the views of the advocates of all respectable theories, Mr. Simon says: "For myself, I may confess that for many years past, in the treatment of inflammation (excepting, of course, certain syphilitic inflammations), I had never had recourse to mercurialism." And he immediately follows this with an elaborate statement of the views of Sir Thomas Watson and others in favor of the constitutional impression of mercury in the treatment of internal or non-surgical inflammations.

The plan of subduing inflammation in severe gunshot injuries

of the extremities, by tying the main artery leading thereto, as practiced by Prof. Campbell, of New Orleans, during our civil war, is referred to, and then the statement made that Prof. Vanzetti had proposed the compression of the artery for the same purpose, instead of ligating it, and that this method had been extensively practiced in Prague, and moderately in Paris and London, with entirely satisfactory results.

Lister's antiseptic treatment of a large class of surgical cases is detailed at some length, and warmly commended. My views may be founded on want of experience, but it seems to me the value of the antiseptic treatment of wounds is not fully appreciated by American surgeons, for I believe that, properly managed, it is capable of hastening the cure of many cases to which it is not now applied.

Is not the day near at hand when, by the aid of the compression of the artery leading to extremities that have suffered grave traumatic lesions, and the dressing of the lesions themselves on the antiseptic plan, we may hope to have far better success in the treatment of such accidents than was possible before the discovery of these additions to the surgeon's armementaria?

---

*Art. II.—Case of Intestinal Obstruction.*

Reported to the Cincinnati Academy of Medicine, by D. H. JESSUP, M. D.,  
Chairman of the Section on Abdominal Diseases.

In making this report, I have selected a case that occurred under my observation some twelve years since, as the basis of the few remarks that I shall make.

I must, however, at the outset, apologize to the Academy for the imperfect character of the report, and ask its indulgence. Procrastination, that thief of time, is the only excuse I can offer for not preparing an earlier and better report from the section of which I have the honor to be chairman.

But I determined at the last moment not to let the academic year expire without making some sort of a report, and the result is the present paper.

From notes taken at the time, it appears that the subject of this



case was a man about sixty-five years of age, who had followed the occupation of farming all his life. He was of good stature, rather spare in build, but had good muscular development. His habits had always been regular and temperate, and he had generally enjoyed uninterrupted good health. The family history was free from any hereditary taint.

On being called to visit him, I learned that for the last few months he had been troubled more or less with constipation, and that he had been in the habit of taking purgative medicines frequently for its relief. A few days before my visit, finding himself going too long without an evacuation, he took some purgative without effect; repeated it from time to time, still without effect, except to produce great rumbling and flatulent distention of the abdomen.

Upon examining the patient, I found him free from fever, free from tenderness upon pressure, no tumor perceptible by palpation in any part of the abdomen. He had never had hernia, and the rectum was free from disease. There was no vomiting nor hiccough. In short, there were no very urgent symptoms. He said he had had similar attacks of late, but by persevering in the use of purgatives had always succeeded in opening the bowels.

I directed some change in the purgative, with the addition of purgative injections thrown high up through a rectum tube. He continued unrelieved about three days under my treatment, making about a week altogether, when the bowels were opened with a discharge of healthy-looking liquid feces, and entire relief of all the symptoms. After the subsidence of the distention, I again examined the abdomen carefully, but could find no cause for the difficulty.

Matters went on very well with him two weeks, when the same condition of things returned. He observed his bowels were not inclined to act; took some cathartic, which failed; tried others, which also failed, when he sent for me. I found him in the same condition as before; abdomen tympanitic, with loud borborygmus, but free from tenderness. I pursued the same plan as before: gentle purgatives and injections, to be repeated at regular intervals. They failed, however, to produce the desired effect, after faithful perseverance. The tympanitic distention increased, producing great discomfort; the stomach became sick, with occasional vomiting of ingested matters. I was now satisfied that any further use of purgatives would not only fail, but produce positive harm,

notwithstanding their success on former occasions. I therefore gave opium, which relieved the distress, quieted the stomach, and diminished the distention. I still used an occasional clyster. After three days of comparative comfort, I again ventured upon the less irritating laxatives, but their only effect was to reproduce all the symptoms. The pain, distention, and vomiting all returned.

I was now satisfied I had a case of mechanical obstruction to deal with, but of what character was the question to be decided. I inferred that it was *not* intussusception, from the fact that the attacks had yielded on former occasions; that the symptoms were of a mild grade at first, and grew urgent very *slowly*, and only after the use of purgatives. In most cases of intussusception the onset is more sudden, the pain more violent and paroxysmal, like colic, and the vomiting occurs earlier, and without the use of purgatives. The pain is at first referred to a particular spot, and in thin subjects we may find a distinct and tender tumor at the point of obstruction. There is generally, also, a discharge of bloody mucus and stercoraceous vomiting, but in this case neither.

Obstruction from the various forms of internal strangulation presents symptoms so nearly like those of intussusception that it is very difficult, if not impossible, to distinguish them. Twisting of the intestines, bands of adhesion from inflammation, tumors in the mesentery encroaching on the bowel, cancerous disease of the bowel, contractions of cicatrices after dysentery and fever, impaction of feces and foreign bodies, abdominal and pelvic tumors, are among the causes of obstruction; but some of these might reasonably be excluded in the present case. Adhesions are the product of prior inflammation, but in this case there had been no inflammatory trouble. Tumor in the mesentery, in thin subjects like the present, may be detected by careful examination, and the same may be said of pelvic and abdominal tumors, but nothing of the kind could be detected. Cicatricial contractions may also be excluded, as there has never been any ulceration. The rectum seemed free from disease. Cancerous affections of the colon are a frequent cause of obstruction, but generally there is more or less pain and other evidence of local trouble. But there is a modification of scirrhus that frequently occurs in the sigmoid flexure of the colon that is unattended with pain or discharges per rectum, or any tumor that can be detected during life. The disease, in fact, may give little or no trouble till the symptoms of obstruction

show themselves. This may be a case of that kind. The great distention of the colon, which can be distinctly traced, and its peristaltic movements observed, seems to locate the obstruction in the lower part of that organ, for if it were in the small intestines the colon would not be so distended. The late period at which the vomiting came on, and the absence of collapse, also point to the large intestines.

The diagnosis, then, is mechanical obstruction of the lower part of the colon—cause doubtful.

Next as to treatment. Purgatives do no good, but positive harm. Their further use is therefore inadmissible. The singular fact that the contents of the bowels above the constriction are always liquid is sufficient proof that remedies are not required to render them so. I prescribed opium in quantity sufficient to relieve pain and procure sleep. It had the additional effect to quiet the violent peristaltic action of the bowels, and relieve the sick stomach. I directed concentrated liquid nutriment, in such quantities as the stomach would bear, and the use of the same by the rectum. Under this plan the case progressed about a week, without any great change. It was now decided by the friends to call in consultation a distinguished physician of a neighboring city. Upon learning the history, and examining the patient, he gave it as his opinion that there was a paralyzed condition of the bowels—a loss of tone instead of obstruction—and that the proper treatment would be active purgatives, with the use of the galvanic current passed from the mouth to the anus. I pointed out the fact that the bowels above the constriction were already in violent action, as indicated by the borborygmus and the strong peristaltic movements which could be seen and felt through the abdominal walls, and that there was danger of precipitating a fatal result by such perturbing treatment. He could not see it in this light; so out of courtesy I consented to his plan—under protest—and with a conviction of its impropriety. The result was what might have been anticipated. Violent contractions and pains in the bowels, increase of tympanitis, vomiting for the first time of stercoraceous matter, loss of appetite, etc. I now put him upon the use of opium again, with the effect of relieving all the more distressing symptoms. From this time on till his death no other treatment was used. There was slow emaciation and loss of strength, great tympanitic distention, occasional vomiting and hiccough, until finally, on the sixty-sixth day, he felt a sudden



giving way of the bowel, accompanied by the escape of gas into the cavity of the peritoneum, with a distinct hissing sound. Rapid collapse ensued, followed by death in about twelve hours.

In making a post-mortem examination, on opening the abdomen there was an escape of fetid gas. The cavity of the peritoneum contained a small quantity of thin fluid of a feculent odor, and the peritoneum exhibited signs of diffused inflammation. There were no adhesions anywhere. In tracing the bowels there was no sign of obstruction till reaching the sigmoid flexure. Here was a circular scirrhus growth from the mucous surface, filling the entire caliber, and involving the muscular tissue, which was infiltrated and contracted. The colon above the obstruction was greatly enlarged and attenuated, the mucous membrane ulcerated, and a small perforation existed, through which the gas and a small quantity of liquid feces had escaped. The contents of the bowels were entirely liquid, presenting the appearance of thin gruel. There were no signs of disease in any of the other organs except such as were consecutive and dependent on the obstruction.

There was no glandular enlargement, as we generally find in the medullary and colloid forms of cancer. There was no ulceration at the seat of the disease, consequently there was no bloody or purulent discharge from the rectum, as in the above forms of the disease.

There was no microscopical examination of the tumor, and, in the absence of this test, doubts may be entertained as to its malignant character. But from its correspondence with the description of Habershon, I have no doubt of its character. In his "Diseases of the Alimentary Canal," in speaking of scirrhus of the sigmoid flexure, he says: "The termination of the sigmoid flexure appears to be particularly prone to this form of disease. It is a peculiar form that we find thus developed, not the extensive deposit with glandular infiltration, though this is sometimes the case, but it is a modification of scirrhus. There is a growth from the mucous membrane, the muscular fiber is infiltrated but contracted, and the caliber of the intestine diminished. The glands are frequently not at all affected, and in this respect it closely resembles epithelial cancer." Further on, he says: "There is much less pain in cancerous disease of the sigmoid flexure than of the rectum, because the parts are more free; there is less pressure on the nerves, and the adjoining structures are less involved."

Again, he says: "In many who are affected with cancerous

obstruction of the sigmoid flexure, there is little emaciation or appearance of cancerous cachexy. The patient may be well nourished, and apparently in good health." "These forms of scirrhus disease rarely occur in early life; at that period it is more apt to be medullary or colloid in character."

In reviewing the above case in the light of later observation, the question naturally arises, was all done for the patient's relief that might have been done? So far as the medical part of the treatment is concerned, I would not pursue a different course, except that I would not push the use of purgatives to the same extent. I think the great error usually committed in cases of obstruction, is in the repeated use of drastic purgatives. As soon as we are satisfied that there is mechanical obstruction, purgatives should be abandoned. The danger in such cases is from inflammation; and the well-known antiphlogistic powers of opium in enteritis and peritonitis, whether traumatic or idiopathic, point to it as our chief reliance in insuperable obstruction. A word here, in passing, in relation to the *cause* of stercoraceous vomiting. It is generally supposed to depend upon reversed peristaltic action; but Dr. Brinton has clearly shown that "the peristaltic action is not actually reversed, but that the contents of the bowels are propelled onward in their normal manner till the obstruction is reached, when the fluid assumes a central retrograde direction, thus producing a double current, a parietal or onward, and a central or reverse current. This retrograde movement continues till the vomited matters are of the same character as those found at the seat of stricture."

All other means having failed, what aid can surgery give in such cases? After death it is often found that the cause of obstruction was of so simple a character that it might have been easily relieved by gastrotomy. Many surgeons have operated successfully under such circumstances. But it must be confessed that the doubts as to the cause of the obstruction, and the already congested or inflamed state of the peritoneum, are grave drawbacks that must render the result very uncertain. Still, where death is otherwise inevitable, an operation that offers a remote chance is justifiable. My case proved unsuitable for this operation.

Next we have Amassat's operation, or lumbar colotomy. In cases of obstructive malignant disease of the colon and rectum, this operation may afford great relief, and prolong life indefinitely. It has now been performed so often successfully, and indorsed by

names so eminent in surgery, that it may be regarded as an established operation. A very interesting statistical table of operations of this kind, embracing over fifty cases, was compiled by the late Prof. Blackman, and read before the American Medical Association, in 1867. Where the obstruction is in the rectum or sigmoid flexure of the colon, the bowel may be reached in the left loin without wounding the peritoneum. If successful, it is true, we have that disgusting object, an artificial anus; but if the patient prefers it to death, he has a right to the choice. My case was one eminently suitable for this operation, and had it been timely performed, it might have afforded relief and prolonged life possibly for years.

One other surgical means of relief remains to be mentioned, namely, intestinal puncture. When the bowel becomes greatly distended with gas, the pain is not only increased, but the danger of inflammation, ulceration, and rupture also. By puncturing it with a fine trocar or hollow needle and allowing the gas to escape, we thereby afford present relief and avert danger. It has been taught, and generally believed until recently, that wounds of the peritoneum are necessarily very dangerous; but this, like many other time-honored maxims, has been found by actual test to be untrue. The medical journals of the last few years abound with instances in which puncture of the intestines in distention from obstruction has resulted in instant relief, and been followed by no bad consequences. The two principal dangers apprehended from this procedure, inflammation and extravasation, are found to be measurably groundless. The small wound made by the needle is not followed by inflammation, and the minute aperture in the bowel is so completely closed on withdrawing the needle, that extravasation is prevented. The operation has been performed as high as fifty times on one subject, and always with relief. Veterinary surgeons practice the same operation on the lower animals in cases of sudden and extreme flatulent distention, not only with impunity, but entire relief.

The recent operation of hernia-puncture, which consists in puncturing the tumor and evacuating the gas and serum in strangulated hernia, involves the same principle; and, judging from reports, is likely to prove one of our best aids in reduction. In a recent discussion in the French Academy, several eminent surgeons stated they had practiced puncture of the intestine both in pneumatosis and strangulated hernia; and in some fatal cases



it was proved that there was no extravasation, and that the puncture closed perfectly, as the punctured portion would not allow the escape of air when strongly inflated. Fronssagroes has reported nearly one hundred cases of abdominal puncture for the relief of tympanites. I understand the operation has been practiced on several occasions in this city. The instrument preferred by the French is Dieulafoy's Pneumatic Aspirator. Huguier, however, has invented an instrument that prevents the escape of gas and feces into the peritoneal cavity.

I am fully satisfied that intestinal puncture, as a palliative measure, in obstruction with great distention, is a resource of great value. It is a singular fact that none of the more recent surgical works make any mention of this operation, though several have been issued since it has taken rank as a legitimate operation. My patient would doubtless have been benefited by it, and his life prolonged, but at that time it would have been regarded an unjustifiable proceeding.

---

***Art. III.—Dr. Lostorfer's Lesson.***

By Z. C. McELROY, M. D., Zanesville, Ohio.

When Prof. Saulsbury, of Ohio, communicated to the medical world the results of his microscopic investigations of the blood of persons laboring under what is called syphilis,\* its lesson, it seems to me, was lost in consequence of his technology—that is, in his regarding the changed forms of structure which his microscope revealed, as vegetable parasites, a something totally different from the human body in which they are found, rather than as materials natural to it, on their way upward to its natural forms of structure, modified by a mode of force stored up in the so-called syphilitic virus.

The matter from syphilitic sores he also studied with his microscope, and found it to be identical in general appearance with pus from other sores, except in the presence in it of certain highly refractive spheroid bodies, "which, under favorable conditions, develop into filaments." Prof. Saulsbury says he ultimately "dis-

---

\* Am. Jour. Med. Science, January, 1868, pp. 17-25.

covered," but I apprehend he only arrived at the "speculative belief"\* that they were the spores of the *crypta syphilitica*, which he defines as "minute, transparent, highly refractive alloid filaments, which develop in living organic matter from spores." The result of his coupling his facts, to wit: the existence in the blood of persons laboring under so-called syphilis, of forms of structure not found in the blood of persons in health, with the speculative belief that they were vegetable parasites; his discovery—a real and valuable one—was without fruit or result, either to himself or so-called medical science, either at that time or from that time to the present.

The recent repetition of his examinations of the blood of so-called syphilitic persons, by Dr. Lostorfer, of Vienna, and the verification of his discoveries, is the latest, and, for the moment, a genuine sensation in the medical world; and, so far as time has permitted, has been noticed by the medical press of our own country as a new discovery of the highest importance, and is everywhere hailed with much enthusiasm.

But unless it is incorporated in some synthetical scheme or plan of life, its importance can not be properly estimated, nor its really practical bearings become available to the profession and the world. It will speedily share the same fate as that of Dr. Saalsbury's, viz: forgotten, only as recalled again by being announced at some future time as a new discovery.

These discoverers strikingly agree in their descriptions of the physical appearances of these changed forms of structure. "Minute bright corpuscles." Some of these bodies exhibited a projection, according to Dr. Lostorfer, "highly refractive spheroid bodies," passing into "minute, transparent, highly refractive . . . filaments," according to Prof. Saalsbury.

Dr. Lostorfer, however, contents himself with calling them simply "syphilis corpuscles," not by any speculative belief of his directing investigation in any special channel, nor anticipating the judgments of others as to their nature. He does not claim for them the dignity of independent existences or "germs," as did Prof. Saalsbury. In that he has, I think, been wiser than Dr. Saalsbury, for he does not point others into wrong channels of thought and investigation, in connecting his discoveries with other facts of life. The material of these corpuscles—seen by Prof.

---

\* Lancet and Observer, January, 1872.

Saulsbury and Dr. Losterfer in the blood of so-called syphilitic persons—was undoubtedly derived from the food eaten by the persons from whom the blood was taken, by both observers, which had reached an advanced stage of preparation to become solid structure, and only differed from other parts of their blood in forms of structure and chemical condition; and, as a consequence, storing up a special and peculiar mode of force capable of changing the forms of structure of solid tissue constructed from it. These changed forms of structure of solid tissue constitute the objective phenomena of so-called syphilis, for if solid tissues were not changed in forms of structure, there could not and would not be any objective phenomena subsequently to call syphilitic, or anything else.

The syphilitic virus, so-called, presented to the eye of Prof. Saulsbury as “a small, highly refractive spheroid body,” and to that of Dr. Losterfer as “minute, bright corpuscles,” were merely normal blood materials, with modified or changed forms of structure, storing up force, which, in turn, modifies or changes forms of structure of living tissue constructed from it. There is no necessity, to properly comprehend their *modus operandi*, to speculatively believe them to be either “germs” or “vegetations.” On the contrary, these are guide-boards which mislead the student, and point investigators into wrong paths. The blood material thus modified is no longer capable of taking on normal forms of structure of living flesh, but takes on the peculiar forms of solid flesh known as syphilitic; and this living syphilitic flesh, like other living flesh, in the act of functional decay, provides for its own reproduction from new material, by storing up the necessary force in a part of the products of its decay. In no other possible way, it appears to me, can the peculiar forms of structure of living flesh, known as syphilitic, be perpetuated.\*

By regarding these “bright corpuscles,” or “spheroid bodies,” merely as chemical combinations of ordinary inorganic matter, storing up a mode of force, which, when they are introduced into a living, human body for the first time, as capable of modifying its minute or molecular forms of structure, and to an exactly equal extent the function of normal, living structure, the discovery of Prof. Saulsbury, confirmed by Dr. Losterfer, will have a fitting place in a scheme of life based on forms of structure, and physi-

---

\* *Lancet and Observer*, July, 1871.



cal motion in materials, ascending in chemical complexity to, while in, or descending to simpler chemical conditions, from forms of structure—will be ever present to the mind of each student of organic life—can not be forgotten and rediscovered any more for all time to come. Besides, it is then placed in harmony with all other facts of organic dynamics, physiology, pathology, and therapeutics, and is finally merged into the greatest general principle of physiology, viz: “function is the expression or language of forms of structure.”\* And that is its real lesson, “function the language of structure.”

Therapeutics will then be intelligible, and by experience will speedily be narrowed down to exactness, guided by this exact knowledge of what has occurred, and is occurring in the bodies of syphilitic patients.

The materials of the virus, so-called, of syphilis and small-pox, or any other of the so-called contagious or eruptive, or rather “forms of structure changing” group of so-called diseases, are the same, so far as they go, as the living or dead bodies from which they were derived, and the mode of force stored up in them, whether solid, fluid, or gaseous, differs only in the velocity and mode with which changes of structure are accomplished in living bodies.

Small-pox virus apparently completes its work in twenty to thirty days; while the work of the virus of syphilis, when not hastened or modified by remedial management, or other circumstances, ends only with the demise of the person into whose body it has found entrance. Small-pox, or scarlatina, may represent the extremity of high velocity—leaving out the virus of serpents, etc., and certain chemical combinations of matter, as strychnia—of motion in the materials of structures, as evidenced by the temperature; while syphilis may represent the other extreme of slowness of motion in materials, often extending over many years.

Prof. Saulsbury made a brilliant discovery, none the less so on account of its verification by Dr. Lostorfer. It only remains for the profession to utilize it by combining it in a synthetical scheme, plan, or science of life, for which purpose there is the most ample materials already accumulated, waiting only for the master builders to do their work.

If actual clinical “experiences” with drugs and medicines

---

\* *Lancet and Observer*, December, 1870, p. 726.

could work out a science or scheme of life, or a science and practice of medicine, the patent medicine men would have done so long since. They have their value, from which I do not desire to detract, but it is administrative only. They will never make much of a display in the science of life when it is worked out. These demonstrations of Prof. Saulsbury and Dr. Lostonfer will figure quite as largely as the accumulated experiences with drugs and medicines during the entire Christian era, in the coming science of life.

Necessity compelled me to do something toward it, the results of which have been embodied in successive contributions to the pages of this journal, reference to part of which have been made in foot-notes to this letter.

---

#### *Art. IV.—Case of Rupture of the Liver, with Remarks.*

Read before the Academy of Medicine of Cincinnati, by Dr. J. C. MACKENZIE, Pathologist of the Cincinnati Hospital, March 9, 1872.

Henry L., German, aged 42; coal-cart driver; admitted to the Cincinnati Hospital on the 24th of February, 1872, having been conveyed thither in a wagon.

Judging from his manner one would have supposed him to be rational, but he made two statements which were afterward found to be quite erroneous: one that he had been kicked by a horse five days before; the other that his name was Schmidt. His countenance was pallid and of a somewhat sallow hue. He complained of pain in the abdomen, which was not increased by walking or pressure. He complained also of feeling very weak. With some assistance he got out of the wagon and walked a distance of about two hundred feet to the bath-room. After having been bathed he stepped out of the bath, but would have fallen against the opposite wall had he not been caught by the nurse, who then placed him in a chair and went in search of his fellow-nurse to help him carry the man up stairs to the ward. This nurse, who is an experienced and intelligent man, states that when he reached the bath-room he found the patient lying on the floor in a convulsion; he was pulseless and unconscious. About his mouth and on the floor was some yellowish fluid, seemingly indicating that he had vomited. The nurse

who had bathed him says that there was no increase of pallor of the countenance at this time. The convulsion lasted but a short time and left him quite comatose. He was carried to the ward and died in about ten minutes.

His employer, who was present in the stable at the time of the accident, makes the statement that Henry L. had been in his employ for some time. He had been in the habit of drinking very freely of beer; in fact, he had been almost always more or less under its influence, but never to such an extent as to render him unfit for his work. At the time of the accident he was perceptibly affected by drink. He had been attending a sick horse, and was standing about five feet behind him, when suddenly the horse kicked, striking him in the right hypochondriac region, just below the cartilages slightly internal to the mammary line. His employer caught him as he was falling, and found him to be very pale and feeble from the shock. He removed the man's clothes and examined the seat of the injury, but found only a slight red mark at the place indicated. He vomited shortly afterward (the vomited matter contained no blood), and, upon the administration of some whisky and camphor, felt so restored that he was able to walk to his boarding-house, a distance of two and a half squares. He complained at that time of some pain in the right side. The accident occurred at about 10½ o'clock on the night of the 21st, and he reached his boarding-house about 11 o'clock. The landlord states that he did not sleep at all that night and suffered a good deal of pain in the abdomen. He wished to send for a physician, but the patient objected.

The next day he became somewhat delirious, and Dr. Maley was called in. He found him with a pulse of 120, and a coated and tremulous tongue. His hands were also tremulous, and he was delirious, though capable of answering questions rationally. He complained of pain in the epigastric region, not, however, of great severity. This was not at all increased by pressure, nor was there, upon physical examination, any evidence of lesion of any abdominal organ.

He was ordered a cathartic, after the action of which he was to have chloral and bromide of potassium, and two or three glasses of beer daily. On his visit the next morning he found the patient seated by the stove in much the same condition as at his previous visit, except that his pulse was somewhat weaker. He was informed by his room-mates that the patient had not slept, but had



been talking and walking about the room the whole night. He had attempted to get out of the window. His bowels had been moved, and he had taken the anodynes. The next morning his pulse was almost imperceptible. He had slept none and had been quite delirious. The doctor then sent him to the hospital.

*Post-mortem examination, made twenty-four hours after death.*—Body well developed and muscular; firm cadaveric rigidity; no marks of injury either upon the body or limbs externally.

*Thorax.*—Firm adhesions between the lungs and chest walls. Both lungs deeply engorged, but except at the apices crepitant throughout. The apices indurated, containing numerous caseous and cretaceous masses. The muscular substance of the heart normal. Large pale coagula in the cavities. Valves healthy.

*Abdomen.*—Forty ounces of dark fluid blood in the abdominal cavity. Lying in the blood at the bottom of the pelvic cavity was found a portion of the liver, of an irregularly triangular shape, one and a half inches long, one and a half inches broad, and three-fourths of an inch in thickness. One edge and the upper and lower surfaces of this fragment, were covered with smooth membrane; the other edges were rough, as though torn from their attachments. Soft recent adhesions between the omentum and abdominal walls and intestines; also between the different coils of intestines. Adhesions between the convex surface of the liver and the diaphragm, which were easily separated.

*Liver.*—Weight, five pounds four ounces; transverse diameter eleven and a half inches; antero-posterior diameter of right lobe, nine and a half inches; of left lobe, eight and a half inches; thickness, three and a half inches. On the anterior edge of the right lobe was a gap corresponding in size and shape with the fragment found in the pelvis; the edges of this gap were somewhat ragged. Upon the convex surface of the anterior half of the right lobe, converging toward the gap, were numerous irregular fissures, extending through the peritoneal coat and filled with blood. The widest of these was about the one-sixteenth of an inch. The anterior portion of the right lobe, just external to the gap, was indurated to the extent of four and a half inches by two inches. This projected somewhat above the adjoining surface, and was found upon section to be infiltrated with coagulated blood. Upon the convex surface of the right lobe, two and a half inches from the posterior edge, was a stellate depression, one-fourth of an

inch deep, where there was also rupture of the capsule. This was filled with coagulated blood, which likewise formed a layer upon the surface. Upon the under surface of the right lobe, extending internally from the gap to the fissure for the gall-bladder, was a laceration of liver substance, two inches long and one-third of an inch deep, filled with a coagulum; upon the same surface, just behind the gap, was another rupture of the hepatic tissue, and near it a thick layer of coagulated blood, entangling in its meshes a small portion of detached liver substance. About the center of the under surface was a space of two inches by one and a half inches in which blood had been effused beneath the capsule, raising it from the subjacent tissue and at one point rupturing it. Except at the places mentioned, the surface of the liver was smooth and rather paler than normal. Upon section, the substance was found to be rather softer than normal and of a pale yellowish fawn color.

The spleen was quite healthy, as were also the kidneys. [The liver and the detached fragment were here exhibited.]

This case, as far as my investigations have gone, is quite unique in one respect: that is, in the complete detachment of a portion of the liver, and its lying loose in the cavity of the pelvis. Other cases have been reported, in which the laceration has been more extensive; and one case is on record in which the liver was divided completely, but the fragments were retained in position by the ligaments, etc.

The following are abstracts of a few cases in which the lesions were very extensive, taken from various sources:

A man was injured by a cart-wheel passing over his body, and died soon afterward. In the liver was found a "rent extending through the substance of the organ, appearing above at the posterior part, and to the right of the suspensory ligament, and below, behind the transverse fissure at the junction of the lobulus Spigelii and the lobulus caudatus. A small portion appeared to have been detached partially, and forced upward above the surrounding level." Very slight marks of injury existed upon the body externally. *Path. Trans.*, vol. vi., p. 221; reported by Mr. John Wood.

A boy was injured in a railway accident, and died almost immediately. "On the upper surface of the right lobe of the liver, near its back part, was an extensive rupture, of a somewhat stellate form, with ragged edges, measuring transversely upward of five inches, and extending in some places through the entire thickness

of the organ." Path. Trans., vol. xiii., p. 103; reported by Dr. Murchison.

A coachman fell from the box of his coach, and died in a few hours. "The liver was ruptured, particularly the right lobe, which was a congeries of fragments." The report does not state whether any of the fragments was completely separated or not. Lancet, 1824, vol. iii. and iv., p. 57. A patient in Middlesex Hospital.

A man was so seriously injured by a cart-wheel passing over his body, that he died five hours after the accident. "The liver was ruptured transversely throughout its whole extent. Profuse hemorrhage occurred from the portal vessels. It was completely divided, as clearly as if it had been done with a knife." No mark of contusion externally. Lancet, 1845, vol. i., p. 324; reported by Mr. E. W. C. Kingdom, Edinburgh.

A man was kicked by a horse, and died half an hour thereafter. No contusion existed. "The liver was almost completely torn across, the right lobe being nearly separated from the left." Lancet, 1861, vol. ii., p. 208. A patient of Mr. Spencer Smith, of St. Mary's Hospital.

The man whose case has been reported lived sixty hours after being kicked by the horse; and when we consider the grave character of the lesions, all of which must have occurred almost immediately upon the receipt of the injury, and the exhausted condition of the nervous system of one who had been so long intemperate, it seems remarkable that his life should have continued such a length of time. Still stranger is it, that a man in his condition should have retained so much physical vigor as to enable him to walk, with some slight assistance, just before his death, from the wagon to the bath-room. Yet other cases are reported, still more singular in these respects. I will give a few cases bearing upon these points:

A man was squeezed between a cart-wheel and a post. Death occurred seven weeks and two days after the accident. Upon post-mortem examination the abdomen was found to contain a large quantity of pus and blood. "The liver was lacerated extensively, the injury extending nearly through the center of the right lobe, the outer portion of which, almost detached, was displaced upward." Path. Trans., vol. iii., p. 344; reported by Mr. Wm. Adams for Mr. McMurdo.

A man received such injuries from a piece of beef weighing 150 pounds falling upon him, that he died ten days afterward. Four



pounds of coagulated blood were found in the abdominal cavity. There was a stellate rupture of the left lobe of the liver, one inch deep. The hepatic tissue was softened. *Lancet*, 1844, vol. ii., p. 115; reported by Mr. W. B. Herapeth, London Hospital.

A boy was run over by a cart. On the sixth day afterward he was so well that he was walking about, and thought of returning home from the hospital. He was then seized with peritonitis, and died in fifty hours. "A laceration of the liver was discovered, extending in the direction taken by the broad ligament, quite through the substance of the organ, and to a depth of two and a half inches from the thin edge. Another laceration extended about two-thirds of the length of the convex surface, in a transverse direction, but was not deep, and was in a state advancing toward reparation. The gall-bladder was ruptured near its neck, and was empty and contracted." *Medico-Chirurgical Transactions*, vol. xxxi., p. 47; Communicated by Dr. Todd, for Dr. Walter Fergus.

This last case, while exhibiting the favorable progress which a patient with this injury may sometimes present, a short time previous to the fatal termination, also illustrates another point: the extreme tolerance of the peritoneum occasionally to the presence of bile. Now, in this case, probably, the bile had been poured into the abdominal cavity at the time of the accident; yet it was only after six days that peritonitis supervened, which proved fatal. In all these ruptures of the liver, more or less bile must escape from the torn bile ducts, but in many of the cases when the patients have lived for some days, the peritonitis has been found to be very insignificant. It was so in the case which I have reported: the abdominal viscera were slightly agglutinated, but there were no thick layers of lymph anywhere. In this connection I am reminded of a remark made to me by Dr. Rutherford, then assistant to Dr. Hughes Bennett, now Professor of Physiology in King's College, London, that in making biliary fistulæ in dogs he was always more careful to prevent the effusion of blood than of bile into the peritoneal cavity, as the former was much more likely to excite inflammation. The following case is interesting in reference to this point:

A young man, aged 20, was kicked by a horse in the hepatic region on the 20th of April. This was followed by pain, fever, jaundice, and dropsy. On the 2d of June, he came under the care of Dr. McMillan, who reports the case. At that time the abdomen was as large as that of a woman at full time, and very tender.

The patient was tapped, and 324 ounces of fluid, consisting of blood, bile, etc., were withdrawn. The patient rapidly improved, and on the 4th of September was convalescent. *Lancet*, 1860, vol. ii., p. 431; reported by Dr. McMillan, of Frieckheim.

Another case of rupture of the gall-bladder or some of the large bile vessels is reported by Mr. Barlow in the *Med. Chir. Trans.*, vol. xxvii., p. 378. A man was injured by lifting a ladder, August 28, 1843. Pain in the region of the liver and collapse succeeded almost instantly. A swelling in right hypochondrium soon appeared. He was at first bled, then treated with mercury and opium, and finally blisters were applied over the swelling; this, however, continued to increase. On the 9th of October he was tapped, and seven quarts of a fluid like bile evacuated. He was tapped again on the 21st, and six and one-half quarts of a similar fluid withdrawn, which was examined by Drs. Rees and Pereira and Mr. Taylor, and found to be nearly pure bile. He was subsequently tapped four times. After the last he began to improve, and by February, 1844, had quite recovered.

These cases, although usually fatal, are not always so, as was exemplified in the case of Dr. McMillan, above quoted, in which the bile and blood were present in the abdominal cavity. In Mr. Barlow's case the bile probably existed in a circumscribed sac. Of course, where the patient recovers it is impossible to say positively, however strong the probabilities may have been, that rupture of the liver or bile ducts existed, unless, as in Dr. McMillan's case, bile has been removed from the abdominal cavity; but from observations made post mortem, it seems certain that in some cases nature is quite capable of repairing the injury and preventing a fatal issue. The following case is illustrative of this point:

A man fell across a joist, severely injuring himself, and died forty-one days after the accident. There was found, post mortem, laceration of the liver at the convex surface, abscess, adhesion of liver to the diaphragm, and perforation of the diaphragm. *Lancet*, 1864, vol. ii., p. 716; reported by Dr. Wilks.

Now, it is quite conceivable that in a patient somewhat differently circumstanced, with a lesion like this, recovery might take place by the opening of the abscess into one of the bronchial tubes, and its discharge through the lungs, as occurs sometimes in hepatic abscess from other causes. Another case quite in point is reported in the *Med. Chir. Trans.*, vol. xxxiv., p. 56, by Mr. Athol Johnson.

A man, aged 38, fell from a hay-rick thirty-five feet, striking

his back against a log of wood. Complete paralysis of the legs and body below the nipples followed instantly. At first he was quite collapsed, but from this he soon recovered. Sloughs, however, subsequently occurred upon the nates and other parts, and he died three weeks after the accident. The seventh cervical vertebra was found broken into fragments; the spinal cord was diffuent to the extent of one and one-half inches; a little bloody serum in the abdomen. "An extensive rupture was found upon the upper surface of the right lobe of the liver. This rupture, which measured five inches in length, was perfectly united, with the exception of some points where the peritoneal coat still remained broken. The rupture did not extend very deeply into the organ. Another smaller rupture, also perfectly united, was found in the neighborhood of the large one."

In this case I do not think that any reasonable doubt can be entertained as to the ultimate recovery of the man, had the spinal cord not been also implicated.

---

*Iron a Cause of Bronchocele.*—For several years past Dr. Seitz has been convinced that chalybeates, so far from curing, increase goitre, and in the *Med. Central Zeit.* he expresses his opinion that the disease may be caused by iron whenever there is any predisposition to it or it has been known in the family. He relates cases in which, under the preparations of iron given to patients, the thyroid gland increased in size; but was diminished by iodide of potassium. "Similar results," says Seitz, "are to be seen in the glandular enlargements of scrofulous children." He conjectures that minute quantities of iron will be found in the water where goitre is endemic, and that even iron pumps may be a source of the disease.



## Translations.

*Diaphragmatic Neuralgia.*

Par le Dr. MICHEL PETER, *Professeur agrege de la Faculte de Medecine de Paris, Medecin des Hopitaux.* Translated from the "*Archives Generales*," by THOMAS C. MINOR, M. D.

[CONTINUED.]

3d Group: *Diaphragmatic Neuralgia and Angina Pectoris, with cardio-aortic affection.* Angina pectoris is, according to my personal observation, nearly always accompanied by diaphragmatic neuralgia, and derives from it some of its most striking and characteristic traits, such as the pain at the shoulder, in the neck, in the elbow, and internal part of the left arm.

*Observation 7.—Angina Pectoris; double diaphragmatic neuralgia cardiac affection; influence of grief in the development of nervous cardiac disorders.* Mme. Roch, aged seventy-eight years, a lean and nervous woman, boarder at "La Rochefoucauld," came to consult me the 20th of February, 1870, for pains she had suffered from for some time past, but which have become more acute the last two days. These pains are seated "in the chest" and "stomach," saying which, the patient indicates by a gesture the medium part of the sternum and the left diaphragmatic region, and stops her hand at the pit of the stomach. Enlightened by this gesture as to the nature of the disease and its seat, I asked the patient if she did not suffer from pain in the left shoulder; she answered in the affirmative, and added that she suffered also, but less, in the right shoulder. She said besides, without being asked, that she experienced pains "in the neck," designating with the finger the left lateral part of that region. The sister having charge of the ward informed me that Mme. R. has, from time to time, singular attacks, during which she pales terribly, becoming very weak without losing consciousness, places her hand, without saying a word, in the region of the heart and left diaphragm, and appears a prey to great respiratory anguish; then, recovering herself at the end of some seconds, the patient takes little by little inspirations more and more profound, and finally says that she has had a violent pain "at the heart and in the stomach, a pain which extended to the left shoulder, to the elbow, and to the little finger of the same side; the whole preceded

by palpitations and oppression ; after which she totters upon her limbs and feels so badly that it seems to her that she " was going to die." It is difficult to find a more concise and complete picture of an attack of angina pectoris ; so, I have analytically investigated at my leisure the painful points, the anatomical seat, and the pathogenic reason.

These *painful points* ; I found them on pressure : 1. At the anterior and posterior diaphragmatic insertions, with the greatest intensity at the insertion of the ninth rib (these pains exist on both sides of the diaphragm, with incomparably the greatest intensity at the left) ; 2. The length of the sternum, with a very painful center at the upper portion of the second intercostal space, that is to say, in the region of the sternum which corresponds with the cardiac plexus ; 3. At the neck, in the region of the left scalenus (where the patient has pain), and in the region of the right scalenus (where the pain is notably less acute than at the left) ; 4. At the left angle of the jaw ; 5. At all the cervical spinous apophyses (less the vertebra prominens), with greatest intensity at the third (this pain was only revealed on pressure).

The *anatomical seat* of these pains can evidently be only the two phrenic nerves and the cardiac plexus ; the painful centers proceed necessarily from the same place.

As to the pathogenic reason, I shall speak of it soon, after having mentioned the functional troubles.

The patient speaks of her pains " in the stomach " (diaphragmatic pains), saying " that they cut short her respiration," which is very significant. She spontaneously complained also of a sensation of *strangulation* and of an imperious and frequent wish of *deglutition*. This strangulation is not increased by pressure upon the cervical spinous apophyses, as in the case of the patient at the " Saint Louis." (*Observation 6.*)

The *pathogenic reason* of all these phenomena may be organic and personal.

From the *organic* point of view, I found a very rude soufflé above and below the nipple ; there was then a double cardiac lesion, at the semi-lunar valves and at the mitral valve. I found, moreover, an aortic soufflé, likewise very rude, perceptible the whole length of the sternum above, and propagating itself below as far as toward the fifth left chondro-sternal articulation. There were intermissions.

The pulse was small and resistant. The transparent cornea was encircled by a very pronounced *senile circle*.

With all these reasons, it was not doubtful that the patient had at least endo-cardiac and endo-arteric *atheroma*. Without prejudice to a more advanced alteration of the valves of the heart and of the aorta, I wish to speak of calcareous degenerations of certain points.

From a *personal* point of view, I have already said that the patient was of an eminently nervous temperament, and further symptoms will render this fact more evident still. So that, having given the cardio-aortic lesion, this temperament would predispose the disease to resound upon the cardiac plexus and the phrenic nerves. Finally, the first attack of angina pectoris took place eight years since; *at the time her husband died* she experienced great grief. So, the cardiac-aortic lesion, nervous temperament, acute and painful emotion, such were the pathogenic links.

I prescribed frictions, with chloroform liniment, and the use of Meglin's pills.

February 14. The patient returned to the "consultation" and said she suffered a little less; in reality, the fourth, fifth, and sixth cervical spinous apophyses are no longer painful on pressure.

March 3. *Zona* at the base of the chest, of the right side presenting back of it three groups of vesicles; a lateral group adjoining the iliac crest, and one anterior which is upon the abdominal wall. There are acute neuralgic pains over all the extent of the region occupied by the *zona*. The cardiaco-phrenic neuralgia may be a little less.

April 7. A month passed after the appearance of the *zona*; the *intercostal neuralgia* still persists, perhaps more acute than during the eruption.

April 22. Very marked cicatrices at the level of the coverings of the *zona*; acute pain on pressure at these points; twitchings, tinglings in the fifth and sixth right intercostal spaces (1)\*.

There are, from time to time, slight attacks of angina pectoris.

I should finally add that the patient was attacked with *paralysis agitans* of the right arm two years since.

*Reflections*.—It is not necessary to dwell upon the nevropathic nature of the patient: all her affections are nervous or complicated

---

\*(1) See the interesting work by M. Parrot upon the *zona* and its relations with intercostal neuralgia (*Union Medicale*, 1856).



with nervous symptoms; senile lesions, cardio-aortic and cardiaco-phrenic disorders (angina pectoris), zona and concomitant intercostal neuralgia from this zona, and lasting afterward; finally paralysis agitans.

*Observation 8.—Angina pectoris and diaphragmatic neuralgia on the left side; cardio-aortic lesion.* The 14th of April, 1870, Mlle. de Montauzert, boarder at "Larochefoucauld," presented herself and consulted me in regard to a certain trouble. She complained of suffering for two or three months back "from a pain at the base of the chest and at the pit of the stomach, with twinges as far as the umbilicus." She also said that she had, from time to time, such severe attacks "she thought she should die." She always felt a great embarrassment in breathing, due to the difficulty she experienced in moving the left half of her diaphragm. Independently of all these symptoms, which, taken together, are already so significant, the patient complains of a pain in the neck, and, saying so, she indicates with her finger the region of the left phrenic. It is only when interrogated by me that she mentions the pain in the left shoulder and the pain at the nape of the neck.

The centers of pain manifested on pressure are: first, the three first anterior insertions of the diaphragm, with the greatest intensity at the second; secondly, all the cervical spinous apophyses, with the greatest intensity at the third; thirdly, the trunk of the phrenic, at the neck, which is very painful; fourthly, the branches of the cervical plexus; fifthly, the internal part of the clavicle; and, sixthly, the portion of the sternum which corresponds to the third intercostal space.

We notice a rude and dry souffle with the first beat of the heart, in the supra-mammary region, at the level of the third left chondro-sternal articulation; that is to say, that there exists a lesion of the aortic valves, atheromato-calcareous, of senile origin, and producing a slight contraction of the aortic orifice.

The patient does not complain of palpitations, and there is no intermittence.

There is a very pronounced senile circle, and the patient has never had attacks of rheumatism or gout.

Mustard plasters morning and evening upon the diaphragmatic region.

The 12th of April, one month later, the patient returned to consult me for a pain seated, this time, in both branches of the

trigemini, the superior and inferior, of the left side, with center of supra-orbital and pre-auricular pain (auriculo-temporal nerve). She complained, besides, of the anterior diaphragmatic region, and traced the pain over the tract of the left phrenic. She had often suffered in her youth from facial neuralgia.

Frictions with chloroform liniment over the diaphragmatic and superior sternal region, and drops for the ear of a morphine liniment.

*Reflections.*—Here still the neuropathic nature of the patient is not less dubious. Facial neuralgia in her youth, and also in her advanced age; senile cardio-aortic lesion, and, the nervosism aiding, repeating upon the cardiac plexus and the phrenic nerve.

*1st Remark.*—I shall stop here for an instant to draw forth a point of practice that I consider as important; that is, to know that a left diaphragmatic neuralgia being recognized, must necessarily lead the clinician to this triple investigation:

1. Is the retro-sternal pain in angina pectoris not concurrent; that is to say, the painful point in neuralgia of the cardiac plexus?

2. If this first investigation gives a positive result, is there not a *bruit de souffle* with the first sound of the heart, and in the submammary region; in which case, the souffle being found, the problem to solve is to know if this souffle is from anæmia or a *lesion of the aortic valves*.

3. There remains to investigate from thence, in order to facilitate the solution of this last problem, whether the transparent cornea presents or not the *circle* or the *senile arc*.

So that gradually the diaphragmatic pain may lead sometimes to a diagnosis of a cardio-aortic lesion, latent and unknown up to that time. Here is a case, among others, that I give as an example:

*Observation 9.*—*Diaphragmatic neuralgia; angina pectoris; cardio-aortic affection slightly pronounced; attacks of syncope from reflex action.* Mme. de L., woman eminently nervous, daughter of a rheumatic father and of a gouty mother, having herself erratic rheumatic pains, was attacked one day in my presence, after a strong emotion, with a demi-syncope. Returning to consciousness, she complained of suffering acutely in the chest and left shoulder. She has anterior diaphragmatic painful points. I sought then the retro-sternal painful points, but scarcely had I pressed the sternal region with my finger, at the highest point of

the inferior portion of the second intercostal space, than the lady uttered a cry and fell into a state of demi-syncope. The exploration was only too convincing; the pulse was slow, likewise respiration; there was no intermittence; from time to time the patient uttered a sigh. This state of affairs would last in this way about a quarter of an hour.

At the end of that time, I wished to auscultate the heart. I then placed my head upon the submammary region, but when I applied my ear very lightly upon the sternal region, in order to auscultate the base of the heart, the attack was renewed.

So there was as well the retro-sternal pain from angina pectoris. Remaining to know, if the souffle from a cardiac lesion existed. Very well. The next day, without any attack, I assured myself that there was a submammary souffle very evident with the first beat of the heart.

But this lady is slightly anæmic. Was this souffle due to the state of her blood, or to a lesion of the aortic valves? It was then that I examined her eyes, and found in this young woman of thirty years a *very pronounced senile arc*, of a half millimetre in size. (I say *senile arc*, not *circle*; the complete circle showing itself later, and indicating an older and more advanced fatty degeneration, the degeneration always beginning at the superior part of the transparent cornea, and always finding its maximum there.) The fatty alteration of the cornea once being determined, I conclude that there is a lesion of the same nature as endo-carditis of the aortic valves, and may be endo-arteritis of the aorta; that is to say, that the cardiac souffle is owing to an atheromatous lesion of the aortic valves producing a slight contraction of the orifice.

Two years from that time, this lady, who ordinarily lived in the province, having returned to Paris in order to see her son, who was suffering from pulmonary tuberculosis, was taken, after a very painful interview, by a similar attack to that I have spoken of before. A very distinguished physician, M. Leroy, of Mericourt, was sent for in all haste, and had not the care to recognize a demi-syncopal nervous state, but, like me, auscultated the region of the heart, when he saw the attack renewed, preceded by a cry of pain. It was then that I arrived and told my *confrere* that which I had known for a long time, and which gave the pathogenic explanation of these singular phenomena.

But this was not all. The patient, once more becoming conscious, was telling us how she felt, when a too officious chamber-



maid, wishing to arrange the pillows, raised the lady up and pressed upon the nape of the neck, when the attack recommenced, still preceded by a cry of suffering. It was evidently the apophysal pain, provoked by the pressure of the hand, which produced the same effects as the retro-sternal pain exalted by pressure from the head.

Outside of the attacks, these anterior diaphragmatic painful points, retro-sternal and cervico-apophysal always existed, but at a minimum, as I have had many times, and at leisure, the occasion to prove.

*Reflections.*—These attacks, produced by the pain that pressure provoked at certain points, being evidently of the order of reflex phenomena, such as I am about to describe in the following observation:

*Observation 10.*—*Diaphragmatic neuralgia; angina pectoris; cardio-aortic affection; coughing fits from reflex action.* A Polander, aged fifty years, was brought to consult me by my friend, M. Asselin, editor of the *Archives de Medecine*.

This gentleman, thin, impressionable, quick and animated in conversation, very nervous, and, in a word, whose existence has been strongly tried by political passions and troubles, told me he had suffered from palpitations, and above all from oppression. He feels at the same time an acute pain habitually in the anterior diaphragmatic region, in the left shoulder and arm. Finally, he complains, but less bitterly, of pains at the superior part of the sternum. All these phenomena are provoked very often, and assume usually thenceforth the form of attacks, during which the patient, oppressed to the highest degree, believes "that all is at an end for him."

It is not difficult to recognize in such a statement the existence in this patient of angina pectoris. He has the painful points and the paroxysmal symptoms. This nervous affection belongs in his case to a lesion of the aorta, of which there is valvular insufficiency. The left ventricle is hypertrophied consecutively, but the aorta is not at all dilated.

The cornea presents the senile circle.

As to the aortic lesion, probably atheromatous, having determined the shriveling of the aortic valves and their insufficiency, concomitant cardiaco-phrenic neurosis.

Finally, most important pathogenic circumstance, the patient smokes immoderately, from fifteen to twenty pipes a day.

For the purpose of determining the existence and precise seat of the centers of pain, I pressed with the finger the anterior diaphragmatic insertions, and I was not indifferently surprised to see that the pressure of the two first insertions, above all of the second, immediately provoked, independently of an acute pain, a fit of rapid and jerking coughing, composed of three attacks. The same thing is reproduced by pressure upon the superior sternal region, exclusively at the level of the articulation of the third right costal cartilage. The same thing still by pressing the left phrenic in the region of the neck. In all these cases, the coughing fit is produced with the suddenness of an electric shock.

*Reflections.*—Here the reflex phenomena is a functional and spasmodic trouble of the respiratory passages (dyspnœa and cough), while that in the preceding case, the reflex action bears more especially upon the functions of circulation (state of syncope). In the following case, where the pains seem to be those of angina pectoris, the patient was attacked with asthma, but the existence of the retro-sternal pains led me to believe in the existence of a cardo-aortic lesion :

*Observation 11.*—*Asthma; multiple neuralgias, cardiac, diaphragmatic, facial, cervico-brachial.*\*(1) Name, Van Grusen; aged forty years; domestic; born at Anvers; entered the 20th of September, 1870, Saint Ann's ward, No. 12, service of Prof. See, succeeded by M. Peter.

For a year past she has had sudden paroxysms of dyspnœa, coming on in the night, with symptoms of bronchial catarrh. These paroxysms would cease at the end of fifteen or twenty days, and return again at the end of two or three months.

The patient has already twice entered "La Charite," where the diagnosis was *idiopathic asthma*.

The 5th of September, in the night, attack of nocturnal dyspnœa. The patient was fatigued during the day from watchfulness while searching for work, and had taken no nourishment.

Seven days later, the 13th, while walking in the street, very acute pain at the medium part of the sternum and in the corresponding point of the back. At the end of half an hour, walking became impossible, and the patient was obliged to stop and rest herself for about the space of three-quarters of an hour. This sternal pain, compared by the patient to the sensation which is

---

\* (1) Observed by Dr. Choyan, chef de clinique.

produced by tearing the skin, does not appear to have been accompanied by any tendency to syncope. In the evening of the same day, multiple pains came on, occupying the left half of the face, the left side of the base of the thorax, the same side of the neck, the shoulder, and the superior portion of the left limb. At the hand the pain was limited to the last two fingers.

September 20. On her entrance, the patient was pale, emaciated, without fever; she breathed noisily and frequently, keeping a sitting posture, and was seized almost every instant with fits of painful coughing, followed by very abundant frothy expectoration. Thorax notably dilated, resonance exaggerated, very numerous sibilant vales, becoming mucous at the two bases.

The patient complains of a very acute pain at the left base of the chest, without pointing it out precisely. M. Peter determined that the centers of pain are in front of the seventh, eighth, and ninth ribs, at the points of diaphragmatic insertion, and back of the posterior arch of the last rib. This pain is considerably exaggerated by pressure and deep inspirations.

M. Peter, with the view of exploring the sensibility of the phrenic nerve, then pressed upon the trunk of that nerve, at the left side of the neck, and provoked an acute pain. This exploration, at the same time that it excited a very acute pain in the neck, exalted that of the base of the thorax of the same side. Pressure exercised at the same time, and with an equal force, upon the right phrenic nerve, does not excite any painful sensation. Pressure of the third, fourth, and fifth cervical vertebræ is likewise very painful. Center of retro-sternal pain discovered by pressure at the level of the cardiac plexus, at the top of the second and third intercostal spaces. Pressure at this level, made superficially, is painful enough to draw out a cry from the patient.

On the other hand, the cervical pain radiates into the shoulder, arm, fore-arm, and the two last left fingers. The pressure of the left cubital nerve, in the posterior internal depression of the elbow, gives rise to a painful sensation in the fore-arm, the little and ring fingers. As to the pain which occupies the left half of the face, it offers all the characteristics of the trifacial neuralgia type.

Independently of asthma, we may then diagnose a *cardiac neuralgia*, *diaphragmatic*, *cervico-brachial*, and *facial*; persistent neuralgia, coming on following attacks which would appear to have been those of angina pectoris, and outlasting those attacks.



We seek from thence, if this cardiac pain would not be symptomatic of a lesion of the aortic orifice of the heart, or of the aorta, but the bronchial rales are so sonorous that we can not determine in regard to a cardiac souffle whether it exists or not.

Potion with one gramme of iodide of potassium for the asthma (following the method of Green, of New York), and subcutaneous injection of one centigramme of chlorhydrate of morphine to the diaphragmatic insertions.

For the space of three days, we injected each morning one centigramme of the salt of morphine at the level of the three anterior painful points of the left base of the thorax, and, the 24th, all thoracic pain disappeared, at the same time as the pain in the neck, shoulder, and arm.

The trifacial neuralgia and the retro-sternal pain alone persisted, but the first was not long in giving way on the day of the 25th.

The 26th and 27th, M. Peter used an injection of one centigramme of chlorhydrate of morphine in the third left intercostal space (September 26th), and in the second right intercostal space (September 27th). The success was complete. On October 1st, the patient did not complain of any pain, and the asthmatic and catarrhal symptoms were themselves notably improved.

*2d Remark.*—It is probable that in these eminently complex cases, where there is cardio-aortic lesion and angina pectoris, the phrenic nerve alone does not produce the pain, neither the functional troubles, and that the pneumogastrics (which form so important a part of the cardiac plexus) contribute to the production of these symptoms. In this way a sensation of strangulation or the want of deglutition (Obs. 7) would be brought back to the pneumogastric, and, especially, to the superior laryngeal nerve. Perhaps the attacks of syncope by reflex action in the patient of observation 9 had the same origin.

*4th Group: Diaphragmatic Neuralgia and Cardiac Affections without Angina Pectoris.*

*Observation 12.*—*Senile cardio-aortic lesions; diaphragmatic neuralgia.*

The 20th of February, 1870, Mlle. Lasnier, aged ninety years, came to consult me at "Larochevoucauld." She presented the type of senility in its most marked form; hair very thin; three teeth only remaining in the lower jaw; skin of the face dry and wrinkled; cataract complete in the right eye, incomplete in

the left; *senile circle* considerable; arteries flexuous, certainly atheromatous; the cornea at the same time is fatty, pulse at least sensible; incomplete deafness, voice broken; such are the symptoms of this wholly exterior and immediately appreciable decay. The following symptoms of internal organic decay were only revealed by a most thorough examination: With the first sound of the heart, enormous souffle, perceptible at the distance of three millimetres from the sternum, having two points of intensity; the one covering the whole of the aortic zone (in the superior sternal region, and above all to the right) where it is whining—the other very slight, at the level of the articulation of the fifth left costal cartilage. More downward and outward, below the nipple, the souffle becomes soft and is evidently only heard by propagation. The diagnosis is evident; *arterial* aortic lesion; *cardiac* lesion at the aortic orifice and below from this orifice to the mitro-sigmoidien sinus (1\*), that is to say at the bottom, the identical lesion (atheromato-calcareous) seated in the same or analogous tissues (endo-arteritis, endo-carditis, transparent cornea, crystalline), and of the same origin (*senile*). Old heart and old aorta, aortic and subsigmoidien contractions.

It is not doubtful from thence, that here old age may by itself have caused the cardio-aortic alterations, for this woman has never experienced attacks of rheumatism or gout.

Palpitations; no œdema of the extremities. Retro-sternal pain greatest toward the fourth left chondro-sternal articulation.

Diaphragmatic pain at the two first anterior insertions of the diaphragm, by pressure on the phrenic at the neck, in those of the second, third, and fourth cervical spinal apophyses. No attacks of angina pectoris.

*Reflections.*—Here it is that the senility was so implied by the face that it made me investigate attentively the senility of the aorta and of the heart, which existed in fact; and it was the

---

\* (1) I call mitro-sigmoidien sinus the sinus which makes, with the left ventricular wall, the anterior valve of the mitral valves; a valve which is continued on the other part with one of the semi-lunar (sigmoid) valves of the aorta. The top of this sinus is always atheromatous or calcareous in old persons; and the lesion is often very considerable, obstructing the current of blood and creating a kind of contraction that I call *subsigmoidien*, and which shows itself by a souffle at the first beat and at the level of the sternal articulation of the fifth left rib. I am sure, since that this lesion has been described before me by M. Vulpian, under the name of *subaortic contraction*; but I do not believe that he has described in it the indicative souffle.

senile lesion of endo-arteritis and of endo-carditis which led me to inquire into the retro-sternal pain; finally, it is this latter pain which led to the discovery of the diaphragmatic pain so frequently associated with retro-sternal pain.

*Observation 13.—Senile lesion of the heart; diaphragmatic neuralgia.* Mme. Buvedot, boarder at “Larocheboucauld,” aged eighty-two, came to consult me the 26th of February, 1870, for “pains in the stomach;” and showed me her right epigastric and diaphragmatic region.

I found pain upon pressure at the three first right diaphragmatic insertions, likewise upon pressure at the second and third cervical spinal apophyses and the right phrenic.

The liver is enlarged. The first sound of the heart is a little blowing (*soufflant*) toward the apex. There is a very marked senile circle at the transparent cornea. The patient has never had acute articular rheumatism.

*Reflections.*—One will remark that here the neuralgia is seated in the *right* phrenic, contrary to the preceding observations, where it was always the left phrenic which was interested. This exception, does it not point to some hepatic lesion (the liver was voluminous)? It is, in fact, a rule that, the affections of the heart radiate upon the phrenic, that is of the left side, whilst the affections of the liver are repeated upon the right phrenic.

*3d Remark.*—We see sufficiently, by all these observations, the frequency of diaphragmatic neuralgia at *the left*. This predominance of side is in accordance with what we know in general—without otherwise knowing the reason—of the affinity of neuralgias for the left side; but in the special case of diaphragmatic neuralgia, the predominance to the left is explained, on the other hand, by the more intimate connection of contiguity which affects with the pericardium and the large efferent vessels the left diaphragmatic nerve.

[TO BE CONTINUED.]



## Medical Societies.

### CINCINNATI ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

INSANITY OF BLACKBURN—DISCUSSION CONTINUED.—*Dr. Holdt* said: The discussion of Dr. Carson's learned paper, reporting the medical expertise on the mental condition of Blackburn, gave rise, in the Medical Academy, to a most lively discussion. I am sorry to say that Prof. Wright was but too *right* when, on the last meeting and upon the motion to dismiss the subject, he put the question after the practical results of our prolonged debates. But the discussion is not yet closed, and a result may still be attained. Those who struggle for a principle are not identical with those whom they wish to convince, and who finally have to decide which maxims they prefer to adopt. We have been using words, in the discussion, interpreted differently by every one of us. What I have been maintaining is, that the only way we are allowed to consider mental phenomena is the physiological one. There was a time, indeed, when even medical men could not rid themselves of the ideas regarding human mind forced upon them by metaphysical and theological doctrines. Then all the phenomena presented by mental life were classified, and, as it were, put out in as many districts of activity. There were the domains of thought, of sensation, of feeling, of volition, with their subdivisions. Thus the philosophical system of special forces or faculties or powers started, and the thinking man's abstractions grew into entities. It is but fair to state that there were no better means then to study mental phenomena but empiric observation and self-consciousness. Our ancestors had neither the means nor the method of forcing nature to answer questions; nay, to a few exceptions, they would have thought it unphilosophical and sacrilegious to give up the duality in man and to acknowledge—as physicians only, I mean—that there is nothing but matter and function.

It was Prof. Wright's merit to start the discussion by maintaining: *first*, that there are monomaniacs, isolated affections of certain groups of ideas, while the rest of the contents of consciousness is sound; and *second*, by putting the question, whether a crime com-

mitted by a monomaniac is imputable to him or not. Nobody, I asserted, ever had an idea or a group of ideas for any amount of time lasting, without their combining with and exciting other ideas, which, for their part, are modified, and either react on other ideational centers and so on, giving rise to a train of thought, or on motory centers. I thought it mere waste of time to adduce all that has been said to prove that the multipolar ganglionic cells of the brain's gray substance are the organs ministering to mental activity. More than twenty years ago, E. H. Weber and R. Wagner declared that an apolar or unipolar cell would be a physiological impossibility, unintelligible in every respect. I believe these assertions proved by later writers above discussion. The ganglionic cells are in communication with their neighbors, and through them and others with the remotest ones. Any impression made on one point will necessarily be transmitted, provided only the cell and its processes be preserved. This condition being destroyed, forever or temporarily, will not the cell that was so intimately connected with that now out of function resent the loss? Must it not be changed in its chemical condition and in its physical properties, in its functions, the manifestations of which we call thought, sensation, mental phenomenon?

Griesinger, in his well-known book on mental affections, says (page 328 of the second Germ. edit.), under the head of partial dementia: "By this denomination we understand that secondary condition of mental derangement, in which, after a considerable decline or total extinction of the primary morbid effect, the individual is not cured, but continues diseased in this, that he persists delirious in some isolated delusions, which he fosters with predilection and likes to bring forth. This is always a secondary affection, and has developed from melancholia or mania. This is the disease for which we would consent to keep the name of 'monomania'—if it should be kept at all—invented by Esquirol, but employed in quite a different sense." Page 74, sec. 45: "To classify the different forms of insanity according to the partiality or generality of the delirium would be an error. Above all would it be a fundamental error to believe the existence of (mental) conditions, in which the patient is affected with one single fixed delusion, while he is perfectly sound in mind in every other respect." Page 329: "The transition of melancholia and mania into these conditions (of so-called monomania) is effected but very slowly. In the course sometimes of years, the negative or affirmative effects sub-

side, leaving behind a chronic condition of weakened melancholic or maniac excitement, which lasts long, at length to disappear, leaving some delusions as residuum. As the effects vanish the external self-possession returns; the incoherence of thought, the want of tension, or the convulsive paroxysms of impulsive nature give way to a more regular flow of physical activity. An equilibrium then is almost or entirely restored. But this is no longer the equilibrium of former sound life; quite a new average of mental tonus has been formed, a new sense for moral and effective perceptions, a new character."

In France, where the doctrine of monomania was brought up by Pinal first, then taught and developed by Esquirol, it has always had more juridical than pathological importance; it has been abandoned long since by the most eminent psychiatrists. (Bariod, *Etudes critiques sur les monomanies*, Paris, 1852. Morel, Falret, *Archives g n rales*, 1854, Aout.)

Maudsley, page 304, gives the history of a case of impulsive insanity, which certainly would have to be ranged under the head of suicidal monomania, "She was quite rational, even in her great horror and reprobation of her morbid propensity—she had as complete a knowledge of the character of her insane acts as any indifferent bystander could have, but she was completely powerless to resist them." After relating her cunningly, perseverantly devised efforts at self-destruction during four or five months, and that she recovered, he says: "Her family was saturated with insanity. In face of such an example of uncontrollable impulse, what a cruel mockery it is to measure the lunatic's responsibility by his knowledge of right and wrong."

At a late meeting of the Academy, I had to protest against introducing notions, as education, virtue, morals, principles conscience, will, into the discussion. For medical men and in a medical academy, those names for certain abstractions have to be considered only as indicating manifestations of function of the matter, as developed in man, in mankind. My proposition, that the multipolar ganglionic cells of the brain's gray substance are the organs ministering to mental activity, having been questioned under the plea that the seat of mind has as yet escaped exact demonstration, I had to maintain my point. I did so by asking my adversaries to what other element of the brain's mental activity is to be referred to, if not to the innumerable ganglionic cells of hemisphere's cortical layers? I could not suppose any of the gen-



tle men present to assert that mental processes go on otherwise but by means of some chemical, nutritive changes somewhere. But where? That is the question. Why do those engaged in searching for the organ or for the seat of mind oversee that it would be impossible for one such homogeneous part to answer to all infinitely diversified phenomena of thought, sensation, volition? That variety of function, does it not call for a multiplicity of organs? I almost fear that the preference sometimes given to that unfound organ of mind is due exactly to its being undetectable. I do not apprise virtue less for knowing that it is an abstraction, unanimously received among men of an average equal development for designing the ultimate result of an immensely complicated but still physiological process; of a nutritive process extending over years; a process, each step of which leaves behind, in the parts implicated, a permanent alteration, by which they become capable of functioning differently than before and of undergoing new transformations, bequeathing new capacities upon them and so on, within the limits of the individual inherited developing capacity. I feel convinced that every new truth entering our consciousness, whether scientific or moral, is brought about by the fact that cells, or groups of cells, which had not been active before, are brought into communication by their processes, and often in a very indirect manner, with those other centers originally at work. I even believe it in accordance with all the rest of our physiological knowledge to admit, that intense application, persevering straining in one direction, may cause new cells to be called forth in the cortical layers. Has not every one of us known men who, by energy and persevering study, made up, to a considerable extent, for the deficiency of congenital organization? I do not understand why medical men should be averse to accept the cortical cells of the hemispheres as the organs of mental phenomena, since their marvelous arrangement goes best to explain the questions we are capable of putting. If they maintain that the organ of mind is not yet positively demonstrated, let them say under what conditions they will admit that it has been; what anatomical and physiological qualities they claim for a test, before they acknowledge it. Perhaps, then, their claims may be complied with, but one thing they will have to yield in advance: that that unfound organ is subject to the physiological laws of generation, nutrition, excretion, decay, and death, as all organic matter. Maudsley, my favorite author, says, speaking of the cortical cells:

"It is also an unintelligible freak of nature to have crowded the hemispherical ganglio with cells which are mere repetitions of one another."

I am so anxious to have this point agreed to, because it is indispensable, *sub pœna*, to have a medical discussion insensibly converted into a barren metaphysical controversy. I thought to have shown that, precisely on account of the anatomical arrangement of the ganglionic cells, each of which is connected with other cells and so on to the very remotest ones, it was impossible that any part of this most wonderful mechanism could be broken or materially altered in its constitution, without affecting the whole. Suppose one of the sixty-four fields of a chess-board was taken out—was made to disappear—how many combinations of the thirty-two mates on the board would have become impossible? For a while, the play going on, the absence of that lost field may pass unnoticed; but at any moment one may become aware that it is impossible to continue with that most genial game, a combination having become impossible, that would have engendered new combinations, and so on. A trouble of a different kind would arise if there was one field too much. That is exactly what happens in the mental processes of those affected with the so-called partial insanity. Now, suppose a man thus "partially" insane to commit a crime—what judge, what physician, would take upon himself to declare that the criminal act would have been equally consummated if that defect or delusion of a special sense, if that trouble in the sequence of thought, that derangement in the relations between the ideational and the emotional centers had not existed—if all had been right? That some laws, and judges, and physicians take the knowledge of wrong and right as a test of soundness of mind, only shows the necessity of spreading more correct views on the nature of insanity. There is a man laboring under a deep morbid depression, tired of life, but shrinking at the idea of suicide, which religion and all his principles have taught him to consider as the greatest sin. He commits murder, not from hatred or passion, but deliberately; he knows that it is crime he commits, and that it has capital punishment for consequence; but this exactly is his motive: He wants to die, not by his own hands, but by those of the executioner. Certainly this man very well knew the difference between right and wrong, and the legal consequences of his acts too, and this knowledge exactly was enlisted in his morbid suicidal propensity's service. Was this

man sane or insane? This is no fictitious case, but one that has occurred many a time. A man is either sane or insane. In the first case he ought to be responsible for any act declared a crime by law; in the second case, the act that would be a crime, if committed in a sound mental condition, is to be considered an accident, against the repetition of which, to be sure, some more humane and less disgraceful step should be taken but that to the gallows or to the penitentiary.

Let me relate one case out of several of a similar kind that have fallen under my observation. A Frenchman, forty-three years of age, and of good health and constitution, the technical director of the largest cloth fabric in Russia, a man whom I know to be sober and regular in his habits, called at my office, introducing himself, saying: "Doctor, for heaven's sake, save me! I am a lost man if you do n't!" After I had appeased him a little, he told me, with the expression of horror in his face and voice, that for five days, always between two and five o'clock P. M., he had felt an almost irresistible disposition to kill himself. Then he went on to count over, as if to impress himself, all that made life dear to him, "and still," cried he, "I know that I will kill myself, if you do n't prevent it." After five o'clock that dreadful disposition gradually faded away, leaving him very tired, which he attributed to his mental struggle to resist the impulse. His sleep during that period was very heavy; he was difficult to wake and felt some headache in the morning, which passed away shortly after. Upon my question, how his appetite had been, he answered: "How do you want a man to eat his dinner with good appetite when he feels himself doomed to death by his own hands?" His pulse was a little accelerated, probably by the excitement of his relation; temperature normal, so were the pupils; no constipation. The spleen was slightly enlarged. Knowing the country in which we were living to be one of the most pernicious malaria regions, and having had a great number of febres larvatae to treat, I took this case for a temporary insanity, caused by malarious infection. I gave that man a reliable watch, whom I exactly informed of the case and prescribed quinine in large doses, 3ss. from ten to one o'clock. No more such fit occurred. Now, suppose that patient of mine had been under the influence of a homicidal impulse during his attacks, suppose him to have caused the death of a man, knowing that it was a dreadful act, criminal, threatened with capital pain—how would a physician have had to formulate his expertise?



*Dr. J. J. Quinn* was astonished at the position taken by his friend, *Dr. Murphy*, in the Blackburn discussion. He had laid down the proposition that if the gentlemen who made the examination were competent, we should receive their decision without question; that he believed them competent, and therefore accepted their conclusion in the matter. Had the doctor rested here he would have been consistent; but when he went further and declared his *own* belief that Blackburn was of unsound mind, and supported his opinion of the existence of insanity in the case with reasons based on his own former experience, did he not become a little inconsistent? He was not then blindly adopting the opinion of others; he was exercising his own judgment and calling in the aid of his own experience to sustain it. If one member has the right to employ his individual judgment, another member has the same right; and if, in the exercise of his individual judgment, *Dr. Murphy*, or any other gentlemen, forms one conclusion, the speaker, in the exercise of his judgment, may form another if he believes the facts of the case warrant it. *Dr. Carson* found a state of facts existing in this case which he believed warranted him and others in pronouncing the man insane. He has laid those facts before this Academy for discussion, and thereby invited consultation. If medicine were an exact science, there might be but one opinion upon any medical subject. But it is not; and differences of opinion are tolerated in medical consultations. We had a case of such difference in the paper read by *Dr. Jessup*, at the last meeting of this society, a difference that was only settled by a post-mortem examination. It might be said that was an obscure and difficult case to diagnose. So, also, are many cases of insanity, especially where there is no incoherence or undoubted hallucinations, or where there is a motive to feign mental disease. The facts which *Dr. Carson* and the other gentlemen found are admitted. No one disputes that there was a hereditary taint; that there were defective vision and hearing; that there was slight partial paralysis; that Blackburn was in the habit of expressing fear that his family would ultimately suffer for the necessities of life; that he has been emotional since his imprisonment, when his family was mentioned or brought to his attention. But with all these features admitted, the speaker could not conclude, in view of other attending circumstances, and for reasons which he had already given, that the existence of insanity had been established. About the guilt or innocence of the man, of the crime

of murder, he had said nothing, because he did not consider it strictly belonging to the question before us, and besides, he had not permitted himself to form a definite conclusion upon that subject.

Another gentleman, Dr. Holdt, gave expression to similar views to those of Dr. Murphy, when he doubted, during this discussion, whether those who had formed an opinion without having seen Blackburn, would diagnose another disease without a personal examination. Now, although a personal examination may be very desirable and more satisfactory, it is not always absolutely necessary if you have all the symptoms intelligently and scientifically presented for your consideration. This is not a case where we have to diagnose the man's disease. We have only to consider whether the symptoms as presented establish insanity. If the gentleman should be told that there was a case of apoplexy in one of our hospitals or jails, in which the pulse had remained natural throughout, the pupils normally responding to light; in which there had been no loss of voluntary motion or of consciousness at any time, no stertorous breathing, or coma, or other well-marked symptom of the disease, he would hardly hesitate to dissent from the diagnosis. If the speaker is told that there is in one of our asylums or prisons a case of dementia without the mental indifference or passiveness or other manifestations of generally enfeebled intellectual powers, which characterize that form of insanity, he must be permitted, without even having seen the case, to regard it at least remarkable.

In the same paper in which Dr. Holdt had expressed this opinion, he took exceptions to some remarks made by the speaker on the previous evening. In the first place he objected to an intimation that the paper read by him did not bear directly upon the question under discussion. Then he objected that while the arguments of his paper were not answered, it was deemed necessary to protest against the materialism of Dr. Maudsley. His last objection was in the form of an interrogatory: What is remorse—what is will-power, which Dr. Quinn and other gentlemen have spoken of—translated into physiological language?

Dr. Quinn would proceed to notice briefly these objections. He had understood the question before the Academy at that time to be: Was this man Blackburn insane? When assured by the chair that such was the question, he stated that Dr. Holdt's paper was a very interesting one, upon a very interesting subject, and one in which

he would not hesitate to express his views if it were under discussion. He regarded the paper as an essay upon the physiology and pathology of the brain from the stand-point of Dr. Maudsley, who had been liberally quoted by the author. Now, in order to form an opinion from a given set of symptoms whether a man is laboring under tuberculosis, it is not absolutely necessary to dilate upon the physiology and different pathological conditions of the lungs, however refreshing to the memory and beneficial such a course might be. A physician is supposed to know something of the physiology and pathology of an organ whose functional or structural lesions he proposes to diagnose. After we have learned to read we do not stop to name every letter and deliberately spell every word. Cases of insanity were diagnosed and treated before we had Maudsley's peculiar views on the mind, and can be again without the aid of his speculations. It was for these reasons, and because all physiologists do not agree with Dr. Maudsley, that the speaker could not see the direct or necessary bearing of his speculative views on a positive inquiry into the sanity or insanity of Blackburn.

In expressing a willingness to give his opinions on the subject of Dr. Holdt's paper at another time, the speaker had stated, as a reason, that the profession had not yet adopted the materialism of Maudsley, and meant to imply that he was among the dissenters from the doctrines of that writer. He had supposed he was understood to have used the word materialism in a medical, not, as the gentleman seems to have thought, in a theological sense. Maudsley says that the mind is not only a material force, but the most dependent of all material forces. Is not that materialism? His theory is that the mind is not the *instrument*, but the *source* of intelligence; that all mental power proceeds *from*, not *through* the brain; that every mental phenomenon is the result of some molecular chemical or vital change in the nervous elements of the brain. He claims that the cells of the cerebral ganglia grasp what is essential in our *perceptions* and form them into ideas; that an anatomical connection of cells brings, by an anatomizing process, different ideas together, constituting *association of ideas*; that *memory* depends upon residua left after perceptions are molded in the sensory centers into ideas. Thus, according to him, all ideas, all thought, all mental and intellectual acts, are physical or material. That is what was meant by the materialism of Maudsley. And these views are not so new as some imagine. They, or similar ones, are old enough to have been disputed by Paine, Dalton and other physiologists, as well as by Sir Alexander Morrison and other writers on insanity. It was for these reasons that the speaker claimed they had not been adopted by the profession, and that he could not accept them as bearing



directly upon the sanity or insanity of Blackburn, however worthy of consideration and reputation they might be at another time. To have accepted them would be to concede that cases of disease of particular parts of the cerebrum, however slight, must necessarily be attended with insanity, and this is not borne out by post-mortem examinations; to have attempted to disprove them would be to occupy more time than is allotted to a single speaker, and besides would lead too far from the direct subject at issue.

The last objection of Dr. Holdt was to the use of the terms remorse and will-power. And we are asked what these are in physiological language. Remorse might be called a modification of grief, as are also sorrow and despair. It is one of the emotions or passions, and, according to Maudsley, would be, in physiological language, the joint production of an organic element and an external stimulus; for that is his definition of an emotion. If this is correct, a person, even with a healthy brain, deserves no credit for joy or sorrow, for love or affection, for laudable desires or honorable ambition. These may be and are excited by external stimuli, but it would be difficult to demonstrate that internal operations of the intellectual faculties can not modify the first effect and shorten or lengthen its duration. Others may accept this definition and ascribe to man a physical nature only, but the speaker prefers to believe him endowed with an intellectual and moral, as well as an animal nature, and though the operations of his intellectual and moral powers are dependent upon his physical organization, they are definable, not in physiological language, in the sense of what has been called, in these remarks, materialism. What is will-power? Maudsley says the will is only a physical reaction, an insensibly organized result, a resultant of a molecular change in the nerve center, and that all the design exhibited by it is the result of a particular organization. If we accept this, in connection with his theory of mind in general, when is man's personal responsibility? Why should he be punished for murder or any other crime? Of what use is it to inquire whether a criminal is sane or insane? If every mental act is the necessary result of a physical change which we can not control, and what we have supposed to be our voluntary deeds are mere physical responses to extraneous agents, which we can not avoid, why should any person be punished? According to this theory, the resolution of members to attend the meetings of this Academy and the exertions made to be present are unavoidable. We have really no agency in our assembling; that is the mere natural performance of our physical organizations. According to the same theory the commission of theft would be the necessary result of an external stimulus, in the form of a coveted article, and an involuntary physical change in the brain. Establish this doctrine, and there would be no necessity for criminal courts or prisons; they would have to give way to medical commissions and lunatic asylums.

## Correspondence.

### *Supporting the Perineum in Labor.*

*Editor Lancet and Observer*—Dear Sir: I have just been reading the discussion at the Cincinnati Academy of Medicine in your February number, concerning the support of the perineum in labor. As this is a practical question concerning us all, I thought it not improbable that a word from a country practitioner on this subject might be interesting to some of your readers. In the discussion referred to, no mention is made of what I consider a very important point in the management of such cases, when there is a real difficulty to be met.

I learned this lesson twenty years ago of that able, learned, and eminent accoucheur, Prof. John Delamater, of Cleveland, and by carefully following out his instructions, I think I can safely say that I have saved several women from frightful disaster. It is not necessary to say that the great majority of women will give birth to their children without serious injury to the perineum, whether it is supported or not. And herein lies the source of the fallacies and variety of opinions on the subject. It is only rare and exceptional cases that absolutely require unremitting attention and support, but in these it is imperative.

No obstetrical practitioner of extensive experience can have failed to meet these cases occasionally. The outlet narrow; the tissues thin, rigid, and unyielding.

To allow the head to pass rapidly would be certain ruin. The point of practice to which I would call particular attention, is that of causing the patients to cry out, at the acme of the pain, so as not to bring all her forces to bear on the objective point. This will cause the pains to subside; so that time is gained for molding the bones of the head to the straitened outlet; also, for the parts to gradually soften, yield, and expand to the required extent. In these cases I do not think it advisable to press directly upon the perineum. It seems to me that to do so would increase the dangers we are seeking to avoid. But rather, to place the thumb on the right vulva close to the ramis of the pubis, the fingers on the left, thus grasping with the hand the parts inclosing the

child's head, and making pretty firm grasping pressure, and some traction, by which means the tension of the parts is more equally distributed, and the center of the perineum, the weak point, protected. I have remained at the bedside, performing this duty in different cases, four, six, or ten hours, without a moment's remission. I have felt the perineum stretched till it was as thin as tissue paper; but patience and perseverance have always conquered, and I have never had a case of bad laceration in my practice.

If you consider these remarks worthy of a place in the *Lancet and Observer*, give it. Very respectfully,

C. B. HALL, M. D.

MILLER'S, O., February 22, 1872.

MOON LAKE, MISS., February 8, 1872.

*Editor Lancet and Observer*—Dear Sir: Thinking you might be interested to hear again from the Mississippi swamps, I propose some observations on the pathology and treatment of hæmaturia. That experience is all that is necessary to a success in the practice of physic I do not pretend to claim; but that every one of us is working on our own and the experience of others is apparent, How soon has experience determined the humbuggery of condurango, and in how short a time has experience developed the excellent effects of chloral hydrate? When I settled in this widely known malarious climate, two years since, I was told by the laity that I would encounter one very fatal affection, viz: hæmaturia. I commenced immediately to inquire of myself what is hæmaturia? What were the teachings of Prof. Murphy, of the Miami? Never heard him mention it. How did Prof. Graham, of the Ohio, treat it? Like Prof. Murphy. Found a few paragraphs in Niemeyer on catarrh of the bladder. Wood, Watson, and other authors and journals were consulted, and all found so meager that I felt, as to experience on that subject, I was out at sea. Being somewhat remote from other members of the profession, I determined to talk carefully with intelligent laity for their experience and observations on the subject. They told me that when the patients were early impressed with mercury and well quininized the chances were favorable, but when anodyne, and palliatives were too long relied upon, the patients generally died.



Here was a key to my pathology—congestion of the kidneys. Thus, I determined to meet it, make out my indications accordingly, and try to fulfill them in each case as one of pernicious fever, and my experience has demonstrated satisfactorily the correctness of my theory. Hæmaturia has yielded to the treatment used for ordinary cases of congestive fever. The present winter has been cold for the latitude, and has caused many cases of pneumonia, especially among the aged. Treatment stimulating and expectant, with a fair per cent. of recovery.

Now, Prof. Stevens, I wish to call your attention to a remarkable letter published in the *Clinic*, of your city. It is in the October No., 28th, 1871, signed C. W. Flora, Marion Station, Lauderdale county, Mississippi. He says there are many things could be reported for this region that would be interesting to the fraternity North. Wonder if the *Clinic* would not have been pleased with one, even one item of interest, instead of several fulsome slanders? But here are the remarkable items of interest. First, almost perfect immunity from phthisis and typhoid fever. Upon the doctor's authority, send all your *predisposed* down. Second, the prevalence of the yellow disease. Don't know what he means. Third, the inordinate whisky drinking of the men and the *universal dipping* of the females, old and young, rich and poor, niggers and all. Go slow, doctor. We have some very genteel ladies in the South, and like as not, if you were a single man when you emigrated from the North, you would have been trying to court some of them before this time. Last, and oh, horrible, worst of all, and my wonder is how so young an M. D. made such a discovery in so short a time, and why he is not writing a book? What is it? The almost universal presence of leucorrhœa, from the infant of a few months and upward, etc. Oh, wonderful doctor! How did you so soon get access to the whole female class, from the infant of a few months and upward to the miss at school, the young lady, the matron, the nigger, and all. A man might become notorious by having no toes, or by having such a nose as Sancho Panza had to encounter in one of his adventures as squire of Don Quixote. But the doctor has certainly taken a shorter and an easier route to immortal fame, viz: a brief letter of a dozen lines to the *Clinic*. Yours, etc.

F. R. VAN EATON, M. D.

## Editorial.

*Dr. C. E. Brown-Sequard.*—Without notice, and by a sort of *coup*, the learned Professor in the University of Paris came into the midst of our city a few weeks ago. Various rumors were placed in the newspaper items—and exactly why Prof. Sequard should be sojourning in our city was not well established, until one day we picked up the morning paper, with the following, which made matters clear :

*"Brown-Sequard—Carlisle.*—On Thursday evening, March 14th, by the Rev. Chauncey Giles, of New York, assisted by the Rev. John Goddard, of this city, C. E. Brown-Sequard, M. D., to Miss Maria R. Carlisle, daughter of the late George Carlisle."

The good taste of Prof. Brown-Sequard is thus well established, and we have nothing to add.

The sojourn of the distinguished Professor must have been peculiarly pleasant to him, as it has certainly been complimentary. The profession of Cincinnati has delighted to do him honor, and he has enjoyed all the social attractions of the season. At a recent meeting of the Academy of Medicine, the Professor was introduced to the profession in a neat speech by Dr. Comegys, and he responded by a very acceptable lecture, detailing, at some considerable length, his experiments and researches in the pathology and therapeutics of the nervous system—more particularly his views of the nature and treatment of epilepsy.

Subsequently he has given two lectures at the Cincinnati Hospital upon kindred topics, embracing especially a review of his opinions upon the pathology and treatment of diseases of the nervous system. These lectures at the City Hospital have been attended by a crowd of the profession as well as by prominent citizens—ladies and gentlemen—eager to do honor to the distinguished visitor. It is among the rumors that Prof. Sequard will now permanently remain in the United States, residing either in Cincinnati or some Eastern city.

*Works of Sir James Y. Simpson.*—In a recent number of this journal, we gave a notice of the contents of Vol. II. of the re-

print of the works of Prof. Simpson. Since that time we have had forwarded to us Vol. I. of this series. In Vol. I. we find a fair outline of the matters pertaining to obstetrics proper; and had the author been spared to the work, we suppose this would have been the basis of his systematic treatise on obstetrics; and while the obstetric student will not find in these volumes anything like a systematic or consecutive treatise, yet he will find very much that is suggestive of the many points connected with obstetric medicine. Thus far we have obstetrics and gynecology, anæsthetics, and hospitalism. In preparation we have the third volume, completing the series, which we hope to present to our readers at an early date.

*Explanation.*—We have received an official note from Dr. Seely, Secretary of the Faculty of the Medical College of Ohio, to the effect that our last number of this journal “misrepresents” the number of matriculants of that institution. We stated that the attendance in the two schools was “about 200” in each. We are “officially informed that the books, the Clinic, and the Dean’s statement in the daily papers make the number 226.” We certainly have no desire or necessity for misrepresenting any of the institutions of our city. We rejoice in the prosperity of all as of common interest. This permits us, however, to remark that matriculation lists are well known hereabouts to be very defective evidences of attendance. It permits us to say that persistent efforts have been made to depreciate and overshadow the steady growing and *bona fide* classes of the “Miami.” It permits us to say that *we know* many names of M. D.’s and other complimentary names went on the Ohio matriculation book last session that were never in attendance; and that upon various occasions, and with the most popular lectures of the school, only “about” 150 were on the benches. Take it altogether, we thought we were making very generous notes of matters in our last issue of all that pertained to the Medical College of Ohio. It would appear that some persons have but little idea of propriety, or have any idea of when they are treated with courtesy. It is sad.

*Death from a Singular Cause.*—At the post-mortem examination of Miss Hoag, of Evanston, made recently at the request of her parents, it seemed evident that her death was caused, not from



consumption, but from a disease of the heart, caused by the presence of a piece of needle in that organ.

The needle was driven in by a sudden fall when she was some seven years of age. Drs. J. V. Z. Blaney and De Laskie Miller, of this city, were called in at the time, and the expressed opinion of one was that a piece of the needle was in the heart, and must eventually prove fatal. A like opinion was expressed by Dr. Mann, of Evanston, a few months since when called in. The recent examinations have proven its correctness, as he himself extracted the broken needle from the place where it had been so long imbedded in the heart. The needle extracted was about an inch and one-eighth long and of large size. How life could have existed after it entered the heart, is a mystery even to medical men.—*Exchange.*

*Medical Register and Directory of the United States.*—Dr. J. M. Toner, of Washington, has been engaged for a long time perfecting a work of this kind—a complete register of American physicians. We learn the work has so far progressed that Dr. Butler, of Philadelphia, will put it to press at an early day. The register is thus far incomplete, that in every State there are blanks, and for the general good it is hoped answers will be given to Dr. Butler, as to names, standing, graduation, whether regular or irregular, etc. The information contained in such a directory will be of enough advantage to every one to justify the charge “till May, 1872, \$5; after that, \$6.”

*Health Officer of New York.*—This is an important position, and many grave charges have been made against the recent incumbent, Dr. Carnochan. The leading members of the New York city profession very cordially indorse the appointment of Dr. S. Oakley Vanderpool, to that position, recently made by the Governor.

*Third Annual Report of the State Board of Health of Massachusetts, January, 1872.*—We have read this report with much care, as it discusses many points of public interest of much more than immediate professional import. The paper and illustrations of Dr. Draper on poisoning by arsenical papers, is of this direction. Then we find reports on intoxicating drinks, opium, sewing machines, small-pox, and other matters of public hygiene, of more than ordinary public interest. We thank Dr. Draper for a copy.

*Medical Commencements.*—As our exchanges come to hand, we note the results of the winter's work, and give the graduating classes of the leading medical colleges of the country :

*Chicago Medical College.*—Exercises 11th and 12th February ; 32 graduates, 2 ad eundem.

*Bellevue Hospital Medical College.*—Exercises February 29th, at Academy of Music. There were 129 graduates.

*College of Physicians and Surgeons, New York.*—The sixty-ninth anniversary took place at Steinway Hall, February 28th. There were 78 graduates.

*Jefferson Medical College, Philadelphia.*—Exercises held at the Philadelphia Academy of Music, with the usual music and ceremonies. There were 109 graduates.

*Medical College at Nashville.*—84 graduates ; commencement exercises 22d February.

*Rush Medical College.*—Commencement exercises January 17, 1872, and there were 77 graduates.

*Buffalo Medical College.*—The annual exercises were held February 20th. The degrees were conferred by Hon. Millard Fillmore on 34 graduates.

*Geneva Medical College of New York.*—Commencement exercises held January 17th, and M. D. granted to 12 graduates. From this date we understand the old Geneva ceases to exist, and the Faculty merges into the Medical Department of the Syracuse University.

*Personal.*—We regret to note that Mr. Keeshan's card has been omitted in our last issue—a mistake in the printer's "make up." A mere accident, as all will find who call at Sixth and Walnut.

*Mr. Zeuschner* has removed from 260 Walnut street to 71 Sixth street, up stairs, over Mr. Autenreith's instrument store. There are other personals of the advertising list that do not now occur to us, but all interested will do well to read the advertising pages with care.

*The Dublin Journal of Medical Science* has been converted into a monthly instead of a quarterly issue. The same general character of contributions is maintained.

*American Medical Association.*—We give below the circular of the Secretary, Dr. Atkinson. Our readers interested will see how to select their routes to the meeting at Philadelphia. We suggest, however, that members starting from Cincinnati secure tickets either *via* Pennsylvania Central Railroad, or Baltimore and Ohio.

The Twenty-third Annual Session will be held in Horticultural Hall, Broad street, above Spruce, on Tuesday, May 7, 1872, at 11 A. M.

## HOTEL ARRANGEMENTS.

Continental, Chestnut and 9th, \$4 a day.

Girard, Chestnut and 9th, \$3 a day.

La Pierre, Broad below Chestnut, \$3 a day.

Colonnade, Chestnut and 15th, \$3 a day.

St. Cloud, Arch below 8th, \$3 a day.

St. Elmo, Arch above 3d, \$2.50 a day.

American, Chestnut below 6th, \$2.50 a day.

Merchants, 4th above Market, \$2.50 a day.

St. Lawrence, Chestnut below 12th, \$2 a day.

Alleghany, Market below 9th, \$1.75 a day.

St. Charles, 3d below Arch, lodging only, 50 cents a day.

Miller's, 7th and Chestnut, lodging only, \$1.50 a day.

Meals at restaurant of Horticultural Hall, and Petry's, N. W. cor.

Broad and Walnut, each 50 cents.

## BOARDING HOUSES.

318 South Broad, \$2 a day ; or \$10 a week.

N. E. cor. Broad and Spruce, \$1.50 a day ; or \$10 a week.

329 South Broad, \$2 a day ; or \$10 a week.

1327 Spruce street, \$2 a day ; or \$12 a week.

225 South Broad, \$2.50 a day ; or \$12 a week.

## RAILROADS.

Union Pacific, return free, if first-class tickets are bought, and an acknowledgment taken from the agent.

Cumberland Valley, excursion tickets.

Orange, Alexandria and Manassas, half fare for return.

Pittsburg, Cincinnati and St. Louis, excursion tickets.

Pittsburg, Fort Wayne and Chicago, excursion tickets.

Cleveland and Pittsburg, excursion tickets.

Central Railroad of Georgia, return free.

Richmond and Petersburg, return free.



Wilmington and Weldon, excursion tickets one fare.  
Wilmington, Columbia and Augusta, excursion tickets one fare.  
Kansas Pacific, one and one-fifth fare for excursion.  
Atlanta and New Orleans Short Line (A. and W. Pt. Western, Mobile and M. N. O. M., and Texas Railroads), return free.  
Western and Atlantic, excursion tickets one fare.  
Western Alabama, excursion tickets one fare.  
Evansville and Crawfordsville, excursion tickets.  
Lehigh Valley, excursion tickets one fare.  
Louisville and Nashville, excursion tickets.  
Memphis and Louisville, excursion tickets.  
North Pennsylvania, excursion tickets two-thirds fare.  
Pennsylvania Central, excursion tickets.  
Philadelphia and Erie, excursion tickets.  
Philadelphia, Wilmington and Baltimore, excursion tickets.  
Philadelphia and Reading, excursion tickets at two-thirds.  
Baltimore and Ohio, excursion tickets.  
Lake Shore and Michigan Southern, excursion tickets if forty are taken.

All who desire to avail themselves of the above rates must send to the Secretary their full names, and the names of *all* the railroads over which they must travel in coming to the session, with stamp for postage.

WM. B. ATKINSON, *Per. Sec.*,  
1400 Pine Street, Philadelphia, Penn.

---

*Married.*—On the 14th of March, 1872, by Rev. E. W. Daniels, of Zanesville, O., R. B. Hall, M. D., of Lowell, O., to Miss Maggie, only daughter of Jos. Chandler, of Lower Salem, O.

## Obituary.

*Death of Dr. Dodge—Action of the Academy of Medicine.*—The following report and resolutions relative to the late Dr. Dodge were adopted by the Academy of Medicine, March 16, 1872 :

The committee to whom was referred considerations appertaining to the professional life of the late Dr. Dodge, present the following for the acceptance of the Academy :

After having terminated his literary education in Kenyon and Athens Colleges, and studied medicine the requisite period, he received the degree of Doctor of Medicine from the Faculty and Trustees of the Medical College of Ohio in the spring of 1834. His diploma bears the signature of Cobb, Mitchell, Smith, Pierson, Morehead, and Eberle. Some of these names are as familiar to the elder physicians as household words, distinguished as they were for their erudition and success as teachers ; and the fruits gathered by their toil, and made memorable by their pens, are worthy the deliberate attention of men of the present day.

The continued growth and prosperity of Cincinnati, foreshadowing its development into a great city, wisely determined Dr. Dodge to select it as a permanent location for practice. From that time to the day of his death he stood firmly and conspicuously in the ranks of the profession.

He was born into the profession, so to speak, in the midst of fierce medical contention. A vast amount of self-control was necessary not to swerve from the straight and more peaceful path of duty. There was such a fascination about Dr. Drake, that young men were oftentimes unwittingly drawn within his embrace. On either hand his potency for good or evil was duly acknowledged, and his active and unsatisfied spirit was well calculated to excite partisanship. Dr. Dodge was gradually led into the selection of personal preferences, and he became the steadfast friend of Dr. Drake. When the Medical Department of the Cincinnati College was organized, with Drake, Gross, Harrison, McDowell, Parker, Reeve, and Rodgers as its faculty, Dr. Dodge became, for a time, its demonstrator. To be thus associated was ground for just pride, for this country has yet to combine a faculty with stronger elements of talent and skill.

Dr. Dodge was no friend to pretentious merit, however numerous might be its proselytes. He preferred the silent approbation of his own conscience, and the slow regard which comes from an actual and successful performance of duty. He possessed one of those substantial, analytical minds which could separate the true from the false—which held tenaciously to the proven real in preference to the glittering unreal—which never rejected the old that had received the impress of long and successful usage, or embraced the new because it had received extravagant laudation. His honorable intercourse with his brethren was not so much from a knowledge of printed codes as from true sentiment—a fixed principle. His readiness to forgive was founded upon a knowledge of men, and an innate charity for human weakness. If he was blunt in language or manner, it was to be attributed less to ill-feeling than to an apparent necessity to rebuke presumption, or to render his opinions more concise and emphatic.

The sudden demise of Dr. Dodge was not unexpected. At intervals during several months he gave evidence of brain disease—not by acute suffering, not by positive impediment of locomotion, but by a few convulsive seizures, with loss of consciousness, occasional absent-mindedness, mental excitability without just cause, extreme anxiety about desired results.

For the more immediate action of the Academy, the following is submitted :

“ WHEREAS, Death has so often approached our ranks in the selection of victims that his presence has almost ceased to be appalling. To-day it may claim one whose industry, energy, attainments, and aspirations have given promise of an early ripening into full manhood ; to morrow he may select another, who, in advanced age, had reached the summit of his ambition and usefulness ; and,

“ WHEREAS, Our familiarity with suffering and man’s earthly destiny does not allay our regrets when one dies who for many long years had sustained an honorable and praiseworthy relation to the profession, and by his tenderness, attention, and sympathies had secured the confidence and affections of his patients ; and,

“ WHEREAS, It has become our duty to reiterate that Dr. Israel Dodge is dead, and to say, in the sincerity of our hearts, that we shall miss his presence here ; we shall miss him in our social gatherings, in our familiar interviews, in our anxious consultations, in our efforts to mitigate disease and prolong life ; therefore,

“ *Resolved*, That as we held him in high esteem during life, so will we cherish a recollection of his usefulness and goodness although dead.



*“Resolved, That his devotion to the profession, his freedom from guile, his conciliatory disposition, and the tenderness and frankness of his nature are worthy our constant imitation.*

*“Resolved, That we tender the family and friends of our deceased brother our heartfelt sympathies.”*

M. B. WRIGHT,  
W. CURRAN,  
A. E. HEIGHWAY,  
J. P. WALKER,  
W. P. THORNTON,  
*Committee.*

*Dr. Elstun.*—At a meeting of members of the medical profession, at the Academy of Medicine, last evening, the following report was adopted :

“Dr. W. P. Elstun was born May 27, 1827, and was, therefore, at the time of his death, March 6, 1872, in the forty-fifth year of his age. He entered upon the study of his profession young in years, and received his diploma from the Medical College of Ohio before his twenty-second year. He settled at once in Columbia, where he continued in constant practice, except one year in college and hospital at Philadelphia, and part of one year in the army as surgeon of the Seventy-ninth Ohio Volunteer Infantry. In 1853 he married Miss Turpin, who, with one son, survives him.

“Dr. Elstun was known as a man of strong sense, great kindness of heart, equable temperament, courteous demeanor toward every one, and particularly his younger professional brethren, as a useful citizen, an affectionate father and husband, and as a firm, judicious, untiring practitioner. He was particularly skillful and ingenious as a surgeon.

“We, his professional brethren here assembled, therefore, remembering his example and life in the relations of citizen, physician, husband, and father, desire to record our sense of the great loss which has been sustained in his death.

“We offer our sincerest sympathies to his greatly afflicted family and friends, and to the community in which he lived and died.

“JAMES GRAHAM, *Chairman.*  
WM. CARSON,  
W. W. DAWSON,  
D. D. BRAMBLE,  
N. P. DANDRIDGE,  
F. P. ANDERSON, *Sec'y.*  
*Committee.”*

The numerous friends of *Dr. Abel Carey*, of Salem, Ohio, will be pained to learn of his death, which took place on the 9th of January.

While coming into town, on New Year's morning, from his residence, a few miles in the country, his horse took fright, and suddenly wheeled, throwing him from his seat in the sulky. His left foot caught between the cross-bars; his body fell under the axle, and it was impossible for him to extricate himself. Partly clinging to the wheel and to the frame-work of the sulky, he was dragged nearly a quarter of a mile before the frightened animal was stopped. When found, his strength was well nigh exhausted; his face was gashed and bleeding; his right leg was broken below the knee, and he was coughing up blood. Upon being carried to the nearest house and his injuries dressed, he rallied, and for a few days hopes were entertained of his recovery. But the shock to a feeble frame was too great, and after little more than a week of suffering, his work on earth was ended.

Dr. Carey was born in Smithfield, Jefferson county, Ohio, in 1809. He studied medicine with Dr. Williams, of Salem. Naturally a close student and accurate reasoner, the study was one well adapted to his cast of mind, and he pursued it with an enthusiasm which never grew cold. After practicing some time with Dr. Robertson, of Hanover, he graduated in 1838, at the Cincinnati Medical College, which then numbered in its medical faculty men of rare abilities, who have since won for themselves a national reputation. Under the influence of such teachers as Drake, and Gross, and Parker, his zeal was heightened, and he soon showed himself no unworthy pupil.

In 1843, he was married to Maria P. Miller, of Brownsville, Pa., who, with five sons and a daughter, mourn his loss. In the same year he removed to Salem, with which place his professional career has since been identified.

Few men of such weak physical constitution as his ever performed the amount of labor which his resolute will and simple mode of living enabled him to accomplish. A leading physician and surgeon in Eastern Ohio, his loss will be deeply felt, both by the community at large and by his professional brethren, who so often availed themselves of his large experience in consulting for suffering humanity.

He was a member of the American Medical Association and of the State Medical Society, and always took a warm interest in all local associations having for their object the increase of medical knowledge and elevation of the professional standard.

He was a member of the Society of Friends; and his religious faith, while marked by the tender charity and liberality which characterize that denomination, held firmly the great principles of Christianity as recognized by all.

J. L. F.

THE CINCINNATI  
LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—MAY, 1872—No. 5.

---

Original Communications.

*Art. I.—Extract from a Report on Some of the Difficulties  
and Fallacies of Physical Diagnosis.*

Read before the Cincinnati Academy of Medicine, by WM. CARSON, M. D.,  
Chairman.

In a paper on this subject, read before the Academy, I spoke of the liability to mistake pleural and pulmonic bruits for each other, and illustrated by a case. Since then I have met with experiences of men which give farther support to the opinion then expressed. At a meeting of the Paris Hospitals Medical Society, on the 11th of May, 1859, Trousseau begins a discussion by stating that he is losing somewhat of his former faith in the pleural friction sound as a diagnostic sign, because neither he nor his colleagues have met with it more than once in four years. He farther says: "In chronic catarrh, in pleurisy, or resolving pneumonia, I find in some circumstances the peculiar bruit called bruit de frottement. In a great number of cases, the greatest number in my opinion, this bruit has appeared to me to be a sonorous rale, that disappears on coughing." M. Roger, in reply, explains Trousseau's observation by implying that the friction sound is not sought for every day, as not being thought necessary for diagnosis, and because it requires more extensive search than pericar-



dial bruit, which is heard oftener than Trousseau heard the pleural sound. He divides pleuritic bruits into two kinds, one of which may be easily mistaken for the subcrepitant rhonhus; in his precise language, "in certain patients the distinction is nearly impossible." Trousseau replies, that he sought for the bruit every day, even though the patient was in the hospital for forty days, and he repeats that he very rarely met the friction bruit.

Barthez believes with Trousseau, that the friction bruit is extremely rare, and that it is difficult sometimes to distinguish between a subcrepitant rale and a pleuritic bruit.

Grisolle also, at same time, admits that at times there is liability to confound pleural and pulmonic bruits.

That Trousseau, with his immense opportunities and experience and skill, should only meet with what we are taught systematically to believe the characteristic physical sign of pleuritis once in four years, and that he found it difficult to distinguish between pleural and pulmonic rales, are facts which should enforce caution and reserve in our examinations and opinions. Besides, to his, we have the great weight of the names of Grisolle, Roger, and Barthez added.

We propose to continue our subject by first considering some other points in the physical diagnosis of pleurisy and pneumonia, believing that the ordinary presentation of this subject in textbooks and to classes is apt to produce a false impression as to the facility of diagnosis between these two diseases. In eight years Bouillaud had observed fifteen pleurisies, six of whom were physicians, in whom considerable effusions had not been diagnosed. Landouzy saw three physicians with unrecognized effusions. Oulmont and Montard-Martin report five observations, whereafter all the resources of auscultation and percussion had been used, a tumor of the base of the liver, a tumor developed between the kidney and supra-renal capsule, an intra-pulmonary hydated cyst, a tuberculous mass of right lung and an aneurism of the aorta, had been mistaken for pleuritic effusions.\*

There can be no question of the value of the physical diagnosis of these two diseases. The nosological history and classification of these diseases show that they were generally confounded before the application of this method. Gairdner,† in an article on an-

---

\*Archives Generales, 5th series, 1856, p. 517, 518.

† British and Foreign Med. Chir. Review, January, 1855, p. 248.

cient pleuritis and modern pneumonia, shows by historical references and descriptions, that "the pleuritis" of all the authors preceding Galen, and indeed of the entire world of medicine up to the sixteenth century, included, besides the comparatively few cases of acute pleuritic effusion, nearly the whole of the acute types of the modern pneumonia. The diagnosis of these two diseases was more clearly known at the beginning of Laennec's period than at the time referred to by Gairdner, yet it was placed on far more certain foundations by Laennec.

To each one of the series of contradistinguishing signs of pleuritis and pneumonia, there are exceptions, and what is of more importance, several may appear in the same case.

We may have, as determined by inspection and mensuration, actual contraction of the side in which effusion has taken place. Instances of this are given by Stokes.\* The first was that of a man who had been struck with a musket ball in left interscapular region, perforating the lung and lodging anteriorly close to the insertion of the diaphragm. When Stokes saw him, the left side was nearly two inches less than the opposite one; this and bronchial respiration in the postero-inferior portion caused doubt as to empyema. Stokes thought it was the latter, because the heart was displaced, and pulsating strongly to the right of the sternum. Paracentesis was determined on, and was performed, but was unsuccessful in consequence of the operator being misled by the great contraction of the side, and thus making his incision too low. The instrument entered below the diaphragm, and the patient died the next day. Dissection showed a vast collection of matter in the left pleura. A second case, also resulting from injury, is related. The man, however, recovered. Throughout, his side was contracted. The displacement of the heart was the diagnostic point which guided Stokes, together with the evidence of healthy condition in right side.

Large effusion may exist without modifying the ordinary measurements of the chest. A case is mentioned by Dr. T. A. Barker, of St. Thomas Hospital,† where one hundred and sixty ounces of serum were withdrawn, "and yet repeated measurements by three persons had not shown any enlargement of the affected side." The diagnosis would be determined by the other physical signs

---

\* Dublin Medical Journal, vol. 3, 1833, p. 61.

† Med. Chir. Trans., vol. 34, p. 131.

and general symptoms, and was correctly so in this case. (The inference from the published account is, that there was no displacement of the heart, though this point is not directly mentioned.)

Mensuration may show increased diameters in one side of the thorax, where only pneumonia exists. The increase may be partial. Grisolle\* says: "In one case there was slight prominence, extending from the first rib to the nipple; here there was hepatization without effusion." In a second, of slight pneumonia, on the fifth day the supra and infra-clavicular depressions were effaced, while they were well marked on the healthy side; on the next day the pneumonia had made some progress toward resolution, and the conformation was the same as on the sound side. If this state of things should occur in what appears to be only pneumonia, it would prove embarrassing. If it were a case of misconception of physical signs, it shows a great difficulty of diagnosis, for Grisolle was a man who could not be easily deceived. Smith† mentions a case of pneumonia with autopsy, where the right or affected side measured one and a half inches more than the left. "The right lung was of unusual size, pressing down the diaphragm so as to displace the liver and compressing the lung of the opposite side." As the position of the heart is not mentioned here, it is presumed there was no displacement. Dr. Alfred Hudson‡ details a case of a girl aged nine years, who, after an attack of measles, had cough and dyspnoea. On inspection of the chest both sides seemed to expand equally, but the right measured fully an inch more than the left. Autopsy proved it was owing to pneumonia.

Empyema may occur with spontaneous generation of gas in the pleural cavity, thus producing the impression of diseased lung structure, and obscuring the evidences of effusion. A proving case, related by W. Swayne Little,§ illustrates some of the difficulties which may originate from this rare event.

R. M., aged 22; of good habits and constitution; had acute pleurisy. In a second attack, about thirty-five days after the first were observed the following conditions: Immobility and increase

---

\* *Traite de la Pneumonie*, p. 225.

† *Dublin Medical Journal*, vol. 19, pp. 122, 123.

‡ *Dublin Quarterly*, 1856, vol. 22, p. 291.

§ *Dublin Quarterly*, 1863, vol. 36, p. 296.



dimensions of the right side, with obliterated intercostal spaces; left side contracted and expanded laboriously; heart pulsed tumultuously far over to the left side between fifth and sixth ribs; percussion drum-like all over the right side, anteriorly and laterally; in the sitting posture abnormal resonance below became dull to sixth and seventh intercostal spaces; right side one inch larger than the left; in left lung everywhere puerile respiration, right perfectly silent; amphoric resonance well marked in speaking, or coughing, or singing, and metallic. Autopsy showed thirty-eight ounces effusion in right pleural cavity; no perforation of lung nor disease of it. The evidences of pleuritic effusion here were sufficient, but the accompanying pneumothorax had an embarrassing effect in modifying the other physical signs present in suggesting pneumonia which was entirely absent. It also proves the possibility of spontaneous generation of gas in the pleural cavity. "Movableness of area of percussion signs," which is so much relied on to distinguish pleurisy from pneumonia may fail. Dr. Walshe\* says (and the experience of every practiced percussor is the same): "It is by no means so constant a sign of pleuritic effusion as might be inferred from a prior consideration." He says: "Recently I ascertained that even in cases of solid infiltration of a lung, decumbency on the sound side may displace the morbid resonance of the diseased one, carrying it to the opposite side of the median line at midsternum. Adhesions may also prevent movableness of percussion area."

We may have present most of the signs contradicting pleurisy, and yet there may be large effusion. We have met several instances of this kind in the Cincinnati Hospital, of which the following is one, reported by Dr. McCormick:

Ellen Kearney, admitted May 1, 1870, aged 28; book-agent; mother of one child; been subject to epilepsy for several years, of late occurring once a week. During a convulsion on the 18th April, she fell and struck her side, about the left hypochondrium.

Five days afterward was seized with intense pain in left side, about the region struck in falling; says that very night she had high fever, but no chill; had what she calls bloody expectoration the next day.

---

\* On the Lungs, pp. 78, 79.

Condition on admission: Small woman, good development, and healthy appearance; both cheeks flushed, but especially the left; temperature, 101; pulse, 130; respiration, 32; tongue coated; bowels constipated; no appetite; percussion; dullness on left side of chest; vocal fremitus increased over dull region; auscultation reveals tubular breathing and bronchophony over same regions; complains still of pain in left mammary region; some suppressed cough; urine contains the chlorides.

May 2d. Temperature, 100.2; pulse, 130; respiration, 26; . . . . face and cheeks still flushed, especially the left cheek; complains of no pain; subcrepitant rales in the right subscapular region; had an epileptic convulsion. Without giving the whole record, we will state that temperature, pulse, and respiration was successively:

3d. Temperature, 103; pulse, 120; respiration, 28.

4th. Temperature, 100; pulse, 112; respiration, 24.

5th. Temperature, 100; pulse, 104; respiration, 26; rales continue, and heard over same extent.

6th. Temperature, 98.2; pulse, 108; respiration, 26; pain in left side.

8th. Temperature, 99.2; pulse, 100.

9th. Temperature, 100; pulse, 104; violent pain in left side.

10th. Temperature, 101.2; pulse, 120; respiration, 40; no change in physical signs.

11th. Much cough, attended with abundant expectoration of frothy mucus; bronchial breathing over whole inferior portion of left lung; puerile breathing over right anteriorly; also, some sibilant rales in infra-scapular region, right side; heart sounds heard with distinctness over whole of left side of chest.

12th. Pulse, 140; temperature, 99.2; respiration, 48.

14th. Did not sleep on account of harassing cough; temperature, 98; pulse, 140; respiration, 56.

16th. Pulse, 140; respiration, 56; temperature, 99.

17th. Died.

Autopsy revealed, so far as concerns our present purpose, the following: Liver extends  $2\frac{1}{2}$  inches below margin of the ribs in right mammary line, 6 inches below ensiform cartilage; uncovered pericardium 4 by 3 inches; left costal pleura, covered with a thick layer of rugged lymph, contained 53 ounces fluid, sero-purulent; left lung compressed against root spinal column or mediastinum; right lung crepitant, weight 18 ounces, light mottled

color, frothy fluid, exuding on pressure; left lung, weight 10 ounces, pulmonary pleura thickened, and adherent non-crepitant throughout; superior lobe dark slate color; lower portion of upper lobe dark red; some fluid in lower lobe, on section, breaks down on pressure; substance examined under the microscope shows leucocytes, compound granules, and blood corpuscles; pericardium, both surfaces covered with lymph.

Here the respiratory sounds, bronchial in character, were transmitted very distinctly through a considerable thickness of fluid, and vocal fremitus increased all over the dull regions. The physical signs were more apt to lead astray than the history and general symptoms, and yet the symptomatic expression was that of pneumonia rather than of pleurisy.

Dr. Wm. Pepper, in *American Journal Medical Sciences*,\* alludes to an unpublished case, reported by Dr. Rhoads to the Philadelphia Pathological Society, "of serous effusion into the left pleura, so extensive in amount as to displace the heart to the right of the sternum, to distend the thorax, and cause bulging of the intercostal spaces, and to compress the lung considerably, yet there were still most perfect bronchophony and bronchial respiration heard over the posterior, lateral, and even parts of the anterior surface of the thorax."

Dr. Lewis Smith† related to the Pathological Society of New York a case of difficult diagnosis in a child twenty months old. He had diagnosed pleuritis of right side, and advised thoracentesis. The mother, however, was requested to get the advice of an eminent physician and surgeon, who stated that he thought it interstitial pneumonia; that he had recognized bronchophony, and that the operation was unwarrantable. Dr. S. would not then operate. At the autopsy, four months after, the right lung was flattened and compressed by a thick fibrinous exudation upon its surface, while the pleura contained eight to ten ounces of thickened pus. There had been no difference in the measurement of the two sides, but the bronchophony had produced the impression in the mind of the consulting surgeon that it was pneumonia and not pleuritic effusion.

These cases are in illustration of the twenty-seventh proposition of Addison,‡ that "when serous effusion is very considerable,

---

\* July, 1869, p. 111.

† New York Medical Rec., Nov. 1, 1870, p. 403.

‡ Collected Works by Sydenham Society, p. 85.



giving rise to unequivocal broncophony, tubular respiration, and want of resonance and vocal vibration, physical examination has repeatedly led to a mistaken belief that these signs resulted from pneumonic or other consolidation of the lung." He gives a case which he did not hesitate to pronounce pneumonia, and yet the affected side was full of fluid. He adds, "More attention to the history and progress of the case would have saved me from this error." Disproportionate reliance on physical signs was the cause of the mistake.

There are cases not only puzzling from the transmission of bronchial sounds, but also, at times, from the transmission of vesicular breathing with distinctness.

Legroux\* reported 23d July, 1856, to Medical Society of the Hospital of Paris, two cases, which were also observed by Trousseau, of transmission of vesicular respiration and of rales through large effusions. The first was a man with pericarditis, upon which supervened pleural effusion on both sides; on the right three-fourths of cavity were filled, and half of the left side. Respiration, though feeble, was heard everywhere, and subcrepitant rales gave the idea of œdema of the base of the lungs, accompanied with a slight effusion. On section, the right pleura contained considerable fluid, and the lung was compressed against the mediastinum; the base of the inferior lobe fixed to the diaphragm and adhered to the thoracic wall. The second was a woman with puerperal fever, in whom a profound dullness of the right side appeared, accompanied with subcrepitant rales in the whole extent of the side. The lung was found flattened by an effusion which filled the pleura.

Woillez† reports two cases illustrating difficulties of diagnosis, because of transmission of respiratory bruits through considerable effusion. The first, a robust man of forty-three years, presented following physical signs: A dullness occupying the inferior two-thirds of the right side behind and forward about as far as the nipple. To auscultation, respiration was generally enfeebled without souffle, and under corresponding clavicle a manifest friction sound—ægophonic voice behind. By the fourteenth day, the whole right side was invaded. About the twenty-first day, an increased measurement was noted, and paracentesis was performed. Immediate retrocession of

---

\* Bulletin de la Société Medical des Hôpitaux, vol. 3, p. 177.

† Société Medical des Hôpitaux de Paris, 25th May, 1866.

the thorax took place, and the right side rendered a clear sound from the top to the bottom; vesicular breathing was heard everywhere, but some dullness afterward supervened in front about the nipple line, with vesicular respiration heard feebly everywhere. The thoracic circumference increased three and a half centimetres, and the outpost diameter two and a half centimetres. Other physical signs remained the same. On the thirtieth day he died. On autopsy, no air in the pleura, which was entirely filled by liquid, about three litres. The lung was folded against the mediastinum, and was adherent from above downward, and to the anterior thoracic walls on a line with the cartilages of the true ribs.

M. Woillez's explanation of this and similar difficulties was that the condensed lung by its direct contact with the walls allowed the exaggerated sounds to be transmitted directly to the walls of the chest, and thence to the ear, and that they were not transmitted through the liquid. Roger, who participated in the discussion, accepted the teaching of Skoda's experiment, showing that a submerged lung will give a resonant sound through a considerable thickness of fluid, when that lung is in such a physical condition as to transmit the intensified sounds from its larger tubes, such as arise in a lung compressed by fluids.

Dr. T. A. Barker, in the *Medico-Chir. Trans.*,\* relates the following case, in which there seemed almost insuperable difficulties in diagnosis: John Isaacs, at twenty-six, was admitted into St. Thomas' Hospital, January 1, 1850; had been subject to severe dyspnoea for three years, and an attack of more than ordinary severity began two months before his admission into the hospital. The countenance was expressive of great distress, the face and lips were dusky, the veins of the neck much distended, and the respiration frequent, labored, and not quite regular. The sounds of the heart could be heard, but they were very faint and not regular, some beats apparently being too feeble to be audible. The cardiac region was as resonant as any part of the left side of the chest; the impulse of the heart could not be felt; great dullness over the whole of the right side of the chest, and no respiratory sounds could be heard in the right lung, except at the upper and lower parts anteriorly, where very faint breath sounds could be heard occasionally. Left side very resonant in every part, including the cardiac region, and throughout the whole of the left

---

\* Some of the Difficulties in the Diagnosis of Pleuritic Effusion, vol. 34, p. 131.

lung the natural breath sounds were replaced by rhonchus, sibilus, and large crepitation. The ribs on the left side were elevated as much as possible on each inspiration; the right ribs were nearly fixed. There was not much cough; the expectoration was of moderate amount, mucous, and tenacious. He lay constantly on the right side, the body being bent a little forward; lying on the left side, or even on the back, immediately brought on most distressing anxiety and a sense of impending suffocation. He never assumed any other position when recumbent. From the first, he had entertained a suspicion that this might be a case of severe bronchitis in the left lung, with extensive effusion into the right pleura, and that the usual symptoms of effusion were somewhat modified by old adhesions. The following points appeared to favor this view: 1. The patient's position in bed, always on the right side; 2. The great and universal dullness over the right side; 3. The absence of respiratory sounds on the right side, with the exception of the very feeble murmurs heard at the base and apex of the lung anteriorly; 4. The almost fixed condition of the ribs on the right side. Measurement of the chest did not lead to any satisfactory conclusion, on account of extreme restlessness. The difference must have been very slight between the two sides. No vocal thrill on either side. Thinking effusion the more probable a puncture was determined upon. Mr. Le Gros Clark introduced a very fine trocar between the fifth and sixth ribs, about half way between the sternum and spine. No fluid escaped. The wound was closed. No change in the symptoms. On the 6th, four days after the operation, the man said he felt more comfortable, sat in a chair before the fire, and expired suddenly.

*Autopsy.*—Left lung emphysematous; left bronchial tubes red and injected, and contained a little mucus. Heart completely overlapped by the edge of the lung, and was pushed under and partly to the right of the sternum; the mediastinum encroached greatly on the right side of the chest. On the right side, the pulmonary and costal pleuræ were universally adherent by delicate but perfectly formed cellular tissue, which could be separated without lacerating the lung. The lung contained scarcely any air; pale and bloodless, and closely resembled healthy lung which had long been compressed by effusion into the pleura; it was diminished to one-fourth of its natural size. The cavity of the chest was still farther lessened by encroachment of the liver, which extended, without being enlarged, high up. He explains the case as follows:



"That there had at some former time been pleurisy, with effusion on the right side; that the fluid had subsequently been absorbed, but that the compressed lung had not again expanded, and had become adherent to the ribs. Under ordinary circumstances these changes would have caused great and evident contraction of the right side of the chest; but in the case now under consideration, this contraction had been prevented partly by the emphysematous lung and heart, and partly by the liver occupying the space which had been previously filled by the right lung." The puncture of the lung had not produced any bad effect.

Chomel\* instances a case with flatness or dullness throughout the entire height of one side of the chest, and in which were heard everywhere at all points of the thorax a well-pronounced gurgling, and everywhere equally strong. Abundant effusion, and a small cavity in the superior lobe, was found. From this cavity originated the gurgling rale that was heard all over the chest.

We have, then, shown difficulties of fallacies in the presence of three physical signs in cases of effusion: 1. Bronchophony and bronchial respiration; 2. Vesicular breathing and subcrepitant rales; 3. Gurgling rales. All heard through extensive effusion and giving the impression of pneumonic consolidation when there was none.

The contrary, or mistaking pneumonic trouble for pleural effusion, is liable to occur.

Grisolle† refers to a case observed by Requin, where all the ordinary auscultatory signs were negative; total absence of all healthy or morbid respiration sounds, of rhonchus and vocal resonance, completely dull percussion sound; the affection was mistaken for pleuritic effusion. The sole morbid condition discovered after death was very firm induration of the lower lobe of the right lung. Autopsy made two or three months after above signs were noted.

Wintrich‡ was cognizant of a case where there was absolute silence and no thoracic vibration. It was thought to be empyema, and thoracentesis was practiced. At the autopsy, lobar pneumonia was found. All the bronchial tubes of affected lobe were filled

\*Traite de Pathologie Interne.

†Traite de la Pathologie, vol. 1, p. 341; Walshe on Lungs, p. 307.

‡Virchow's Hand-book, vol. 5, p. 296; Charcot's Pneumonic Chronique, p. 44.

with a concrete fibrinous exudation, and hence no air penetrated that lobe.

In Dolbeau's case, two punctures were made without result.

A very loud and palpable friction sound may be heard and felt without there being the least roughness apparent on either the costal or pulmonary pleura. We give the following history of a case in illustration, which we had under our care in Cincinnati Hospital last spring:

Edmund Weichbrodt, a German, single, a moderate drinker, was taken with symptoms of intestinal obstruction about six days before his admission into the hospital. He was in the work-house when seized, his time expiring two days before we saw him; he walked into the city for the purpose of getting into the hospital. He refused to ride. There was the symptomatology of obstruction of bowels present.

Physical examination as follows: Inspection shows abdomen greatly distended and abdominal veins much dilated; breathing costal; percussion resonance at right infra-clavicular region a little higher in pitch than on left. Auscultation—fine rales heard at junction of the third costal cartilage with the sternum in inspiration and expiration. They begun at the left of the sternum, increasing over whole of right lung; some bronchial respiration heard in same region. Fine moist rales heard on expiration posteriorly over right lung; on left side posteriorly, at and below the angle of the scapula, a loud friction sound is heard; also a few rales at end of inspiration. Friction palpable. The man died after being in the house thirty hours. Obstruction: Perforation of colon was found; pleura somewhat engorged, but perfectly smooth; a moderate amount of bloody serum in both pleural cavities; lungs crepitant, but congested.

We can think of but two explanations of this case. The friction sound might be owing to increased fullness of vessels on the surface of the pleura, and consequent elevation above the surface, whereby friction would occur sufficient to produce a sound. This occurred at the time as one possible explanation, though we had not met with any similar suggestion. Since, however, we found in Walshe\* that he had had a similar experience, hence he lays it down that loud "rubbing friction sound may be audible over the entire side, without a particle of exudation matter being thrown out," "the vascularity gives roughness to the surface." Another possible

---

\*On the Lungs, p. 208.

explanation is that the enormous abdominal distension was so compressing the thoracic space, that the lung was subjected to unusual friction with expansive efforts, and that the left suffered more than the right because the resistance which the stomach offered to encroachment on the left lung was less than that which the liver offered on the right side. Probably both of these conditions were operative in this case.

*Cavities.*—At the time of Laennec, and for a short period afterward, the diagnosis of cavities in the lungs was considered one of the easiest efforts of the physical method. Experience has proven it to be one of the most difficult. Yet those who have taught physical diagnosis and practitioners know that both students and patients with their friends have erroneous notions of the morbid anatomy of lung caverns and their detection in life. Of the three or four signs which Laennec considered to be pathognomonic, neither alone is now so considered. Therefore, a reference here to this branch of our subject may be useful. We may have all or most of the signs of a cavity, either in pleurisy, pneumonia, or tubercular consolidation, without any cavity existing. We give two cases illustrating these difficulties from our hospital service, reported by Dr. L. Wolf:

History: Sally Hageman, colored, admitted November 8, 1871; aged 19; married; housewife; enciente; readmitted. Had a child in this house last July. States that she has had a cough since last December; has had night sweats; never bled from her lungs until yesterday, when she spit up a teacupful of blood; has emaciated greatly since the birth of her child; knows little of her family history; don't know of any coughs in her family; has not menstruated since the birth of her child.

On Admission: Woman of average size; greatly emaciated; tongue clean; poor appetite; bowels right; pulse 120, feeble heat; coughs a great deal, and expectorates granular muco pus; large dark eyes and black eyelashes; scrofulous aspect; heart sound normal; hepatic and splenic dullness normal; belly full and soft, not tender.

Examination of Lungs: Greater expansion on right side anteriorly than left; percussion amphoric over left infra-clavicular region, duller below that; bruit de pot felé over right infra-clavicular region; tubular breathing over right side, and to some extent over the left; gurgling and large moist rales over whole chest; some rubbing sound over left side; dullness and tubular breath-



ing in infra-scapular region posteriorly on both sides; voice loud and imperfectly transmitted anteriorly.

Pulse continued about 100; heat 98 to 99 M.; to 99 and 100 E. Died, December 4.

*Autopsy.*—December 7. Examined three days after death. Body unchanged, emaciated; no post-mortem rigidity.

Right lung extended to the median line, firmly adherent everywhere to the chest walls. Left pleural cavity contained 32 ounces dark yellow serum, mingled with which were numerous flakes of lymph. Internal face of chest walls covered with a layer of soft recent lymph.

Right lung: Pleura covering it much thickened with false membrane, so firmly adherent that it could not be removed without lacerating the lung tissue. On section, red color, very edematous; contained throughout numerous minute hard white granules; a few small caseous masses existed in the different parts of the lung, which had not undergone much softening. Lung, very slightly crepitant; no cavities.

Left lung compressed to upper and back part of chest; some soft adhesions of upper lobe to chest wall; upper lobe crepitant; lower lobe non-crepitant, and covered with a thick layer of soft lymph.

Bronchial glands enlarged; no caseous degeneration. Pericardium contained a quantity of yellow transparent fluid; membrane perfectly smooth throughout.

Heart: Subserous connective tissue between right auricle and left ventricle infiltrated with serum. Valves and vascular substance of heart healthy.

Liver adherent to diaphragm by soft, recent lymph; weight 33 ounces; darker on section than normal. At two or three points were small cysts containing bile. Scattered throughout the substance of the organ were numerous small white masses, some of which had softened.

Spleen: Soft adhesions to diaphragm; on capsule was a thin layer of recent lymph; on convex surface was a white neoplasm, half an inch in diameter, which on section of spleen penetrated to depth of three-fourths of an inch, rather firm. Elsewhere in the organ were several small soft white masses. Weight  $4\frac{1}{2}$  ounces; fibrous tissue increased.

Abdomen contained 12 ounces yellow serum; no lymph.

Intestines: In jejunum was a small superficial ulcer, in the

healing stage. About the sigmoid flexure were small granular elevations of the surface, into which were minute extravasations of blood. In cecum were several ulcers with rounded edges, which had extended through the mucous surface. They seemed to be in process of healing, and were nowhere surrounded by tubercles.

Kidneys healthy.

This case not only proves the fallacy of cavernous signs, but shows to some extent the transmission of respiratory sounds through fluid. The cracked pot sound was heard at right apex, where there was only solid lung closely adherent to the walls of the thorax. Over the left side where there was effusion to 32 ounces, rales and bronchial breathing were heard at the base of the lung. The lower lobe of this lung was covered with a thick layer of soft lymph, and was non-crepitant. Where there was tympanitic resonance in left infra-clavicular region, the lung was crepitant and adherent to chest wall by soft adhesions. We had in this case the same conditions for conduction of sound as were observed in some of the cases above reported—adhesion of the lung partially to the walls of the thorax, and some fluid in the pleura, producing compression of the lung. Yet the deceptive sign was not that tympanitic note heard in some cases of pleurisy and pneumonia, but the rarer modification of the cracked pot sound. The following is another more deceptive instance:

Robert Leet, admitted December 13, 1870; aged 50 years; New York; no family history of phthisis; had syphilis thirty years ago; had had intermittent fever often; a hard drinker; four weeks before seized with coughs and expectoration. Present condition face flushed; temperature 102; pulse 108; respiration 32; eyes sunken, anxious expression. Physical examination: Expansion less on left side; vocal fremitus; less dullness to percussion on left side from fourth rib downward; mucous and subcrepitant rales; also bronchophony and bronchial respiration heard over this region. At apex of left lung is a depression, where resonance is tympanitic, or has a peculiar combination of squashy and cracked pot sound. Without further detail, we may say that nothing peculiar was heard in the cardiac region, and the physical signs remained much the same, except that there was some variation at times in the peculiar sound at left apex.

Temperature normal for several days before death.

*Post-mortem on the 2d of January, 1871.*—Some pericarditis with effusion. Heart  $5\frac{1}{2} \times 4$  inches; weight 16 ounces. Left lung adhesions,

recent and old, extending around the anterior and posterior portions of the lung about three or four inches below apex, which confined to that situation a considerable amount of serum. Upper lobe, internal half, crepitant; external and posterior portion indurated and non-crepitant; anterior portion, reddish gray; posterior, dark gray and mottled; section anterior part, bloody fluid exuded; not very frothy; posterior part, of iron gray color and increased fibrous growth very apparent. Lower lobe adherent to the upper by pulmonary pleura, which was very much thickened. Section iron gray, and pleura thickened one-twelfth inch thick; adhesion of pericardium to both lungs.

Such were the anatomical conditions that originated this peculiar sign, which gave one the impression, combined with the evidences of the disease below, that you were percussing over a cavity with fluid in it and close to the surface. The history of the case, however, was to some extent corrective of the conclusion. The pulmonary dullness, continuous with that of the pericardial region, in the absence of friction sound and any great variation in the sounds of the heart, obscured the condition of the heart.

We might give similar instances from simple pneumonic induration, as they are not very uncommon. We will conclude this part of our subject by referring to an expression of the experience of eminent men at a recent meeting of the Clinical Society of London.\* Dr. C. Theodore Williams, one of the authors of a recent valuable work on consumption, related three cases of phthisis, in which unusually rapid contraction and obliteration of cavities had taken place. Dr. Habershon considered the diagnosis of a cavity in phthisis far from easy. In two of the instances adduced, it was doubtful whether the signs were not due to local pleuro-pneumonia.

Dr. Moxon said an incorrect diagnosis was not very infrequent in his experience. Often at the post-mortem they found the parts solid they expected to find cavernous. The president, now Sir William Gull, said the real point at issue was, can you make an absolute diagnosis of a cavity? He did not think one could. He remembered a case of pleuro-pneumonia where there were all the signs of a cavity at one particular spot. They marked it, and when the man died they carefully examined and found it solid. There were all the signs of a cavity, including pectoriloquy unmistakably.

---

\* Medical Times and Gazette, November 18, 1871.



The case recently reported to the Academy, by Dr. Comegys, of acute tuberculosis of lungs, with absence of physical signs, and the expression of doubt that such a copious deposition of tubercles could take place without auscultatory phenomena indicating their presence, suggests a reference to the earlier and later opinions of the profession on this important subject. It will be seen, beginning with Laennec and ending with Williams, there is substantial agreement on this point.

Dr. J. C. Gregory (*Edinburgh Medical Journal*, vol. 34, p. 44, 1830) says: "Tubercles, in the earlier stages of their course, and especially in their miliary form, may be developed in great numbers in the parenchyma of the lungs; they may even be to a certain extent softened and broken down, and they may have given rise to the most unequivocal symptoms of phthisis without one being able to detect their existence with any degree of certainty, by means of auscultation and percussion. And it has frequently happened that the disease has gone on to a fatal termination without having presented any other physical signs than those which accompany simple and slight chronic catarrh. This has been chiefly observed in those cases of extensive deposition of miliary tubercles, where the parenchymatous substance of the lungs in the interstices of the tubercles remains permeable to the air or becomes more or less emphysematous."

Laennec, p. 313, says, "Small tubercles, separated from one another by healthy pulmonary tissue can not be recognized." Aurdal, in note to Laennec\* (*French edition*), "admits that tubercles can determine the gravest symptoms and produce death without their existence being recognized." Bourdon, in the same article, admits having observed one case of the kind. Addison's (1843) twenty-third proposition is, "I very much doubt whether physical examination can, in any instance, determine with certainty the existence of simple tubercles in the lungs."

Dr. Hughes, vol. 7, first series *Guy's Hospital Reports*, says: "But whatever the explanation of the fact, from repeated observation, derived from a pretty extensive experience in the exploration of the thoracic viscera, in the practice of a large hospital for fifteen years, I am convinced that the lungs may be thickly sprinkled with tubercles, and yet yield a perfectly natural resonance on percussion."

---

\* *Bulletin de la Soc. des Hopitaux*, 1852, p. 1.

Skoda says: "Solitary tubercles, however abundant, do not necessarily interfere with the vesicular respiration."

Williams, p. 174, on Consumption (1871): "Spontaneous miliary tubercles, scattered through the lung without preceding inflammation, are sometimes hardly indicated by physical signs."

Jaccoud (*Traité de Pathologie Interne*, vol. 2, p. 105, 1871) says: "Isolated tubercles, surrounded by healthy parts, permeable to air, do not modify the sound of percussion; when they are aggregated, or coincide with a pneumonic infiltration, they alter the normal sonorousness, but they do not alter either more or less than any other lesion which changes the conditions of alveolar permeability, or of the interstitial tissue; there is nothing in this change peculiar to tubercle."

These extracts, which might be multiplied, show uniformity of opinion in the earliest and latest experiences of the physical methods, viz: that extensive miliary tubercles may exist in the lungs without giving a sign of it, and that it is so because the permeability of the air vesicles and bronchiales is not interfered with.

This condition is fulfilled in the lungs which the president exhibited, as is evident both from macroscopic and microscopic examination, particularly by the latter means. First, they were distinctly crepitant; secondly, their specific gravity was very little above that of the healthy standard. We give the figures of healthy and diseased lungs, taken by Mr. Richman at the hospital, from specimens furnished by me last year: Healthy, 0.626; pneumonic (Bollman), 1.018; pneumonic from heart disease (Amran), 1.022; Leet—pneumonic, 1.022; lung collapsed from pleurisy, 1.004; acute tuberculous miliary (Ryan), 0.891. It will be seen that the lung of Ryan, the patient with miliary tubercles in such great numbers, in specific gravity was very little above the specimen of healthy lung, the latter being 0.626, the former 0.891. Microscopical examination of the two slides, one with Ryan's lung, the other with tubercular disease more advanced, will show considerable contrast.

The air cells of the first are almost entirely free from any cell products—the walls of the vesicles are clear, distinct, and normal; while in the other the cells are filled with exudation and the whole structure is obscured by the deposit, the result of irritation surrounding the tubercles.

Having recently met with a very rare physical sign, which we have shown to members of my class in Physical Diagnosis, and some members of the Cincinnati Hospital staff, we mention it

here. Alex. Spaeth, German, aged 25, entered the house during my term of service with diabetes. He was rather thin and pale, and weak, and was passing about one hundred and sixteen ounces of urine, specific gravity 1.032. Physical signs were slight depression on the right side and defective expansion, with an appreciable deficiency in pulmonary resonance on right infra-clavicular region. Some harsh respiration, the peculiar effect of percussion, which is now referred to, was not then observed. At this time by percussing with quick, smart stroke just beneath the clavicle, immediately on raising the finger or pleximeter, a pale surface to the extent of the compression by the pleximeter is observed, and almost as quickly a shot-like elevation is observed beneath it, traveling apparently from the edge of the pallid surface toward the middle of it and remaining from three to seven seconds, then subsiding. It is a little nodule, varying from the size of a buck-shot to twice that size, though when large it is not globular. It can not be produced on his other side or anywhere else except the right infra-clavicular region, where the other physical signs are present. It can not be produced after continued percussion until rest has been allowed. Dr. Graves first described this sign in the Dublin Hospital Reports, vol. 5, p. 70, as follows :

“Some time ago, on percussing a patient who had labored under a pectoral affection, with several symptoms indicative of tubercular development, we were surprised to observe that after each stroke of the ends of the fingers a number of little tumors appeared, answering exactly to the number and situation of the points of the fingers when they had struck the integuments of the chest. In this case percussion excited a good deal of pain. These having continued visible for a few moments subsided, but could be again made to appear on repeating the percussion. The situation in which those little tumors most appeared was in the sub-clavicular region and over the great pectoral muscle, but have also met with it in other situations, such as the arms and back. In some cases the patients complained much of pain on percussion, while in others they did not appear to suffer more than usual.”

Stokes (Diseases of the Chest) also made note of it and considered it of value in the diagnosis of phthisis, and “that it occurs over the primary seat of irritation in incipient phthisis, while in the confirmed and chronic cases we may find it often absent over the lung first diseased, and strikingly marked on the side last and



least engaged." The most exhaustive article on the existence and value of this physical sign is one recently published by Lawson Tait.\* His observations were made almost daily through a period of three years. He gives a record of one hundred and seventeen cases taken indiscriminately from an out-patient. He designates the sign by the term "myoidema," signifying the effect of a local stimulus, like a tap with the forefinger on a muscle. The sign owes its existence to an increased degree of muscular irritability. Direct electric stimulus of the interrupted current gives ready response, but a current passed through the current of the nerves does not act, at least so readily. Microscopical examination of such fiber shows nothing abnormal. His experience is that the most common seat for the "myoidema" is the clavicular portion of the pectoralis major muscle, next the remainder of that muscle; next the deltoids and the scapular muscles, and after that, though rarely, the muscles of the back. He believes it pre-eminently a sign of tubercular disease, and in some hundreds of examinations in cases not tubercular he has only met it in one other condition, and that typhoid fever, and in only one stage of it—that during the rapid emaciation which occurs immediately after convalescence has begun. He considers it a point of diagnosis between the early stage of typhoid fever and acute phthisis in its beginning, that it is an absolutely certain indication of softening deposit.

We have never met but one well-marked instance of this sign, though we have frequently noticed the muscular irritability without the nodular elevations. If it should prove, as Lawson Tait claims, a distinctive sign of acute phthisis in those embarrassing cases, suggestive of typhoid fever, then it will prove of real value.

We have thus presented some of the difficulties of physical diagnosis in one or two departments of it. The subject implies a reference to its exceptional aspects more than the acquired results. We have thought such a presentation had great advantages and more interest, inasmuch as it leads out of the systematic established paths and in the direction where progress may be anticipated. It is in the direction where the exigencies of practice lie, and where much of historical interest exists to the investigator who studies the development of the branch. We have not attempted to evolve the principles underlying these exceptions, but their practical bearing is nevertheless evident.

---

\* Dublin Quarterly, Nov., 1871, p. 316.

*Art. II.—The Use of Tobacco.*

By T. L. WRIGHT, M. D., Bellefontaine, Ohio.

*General View of the Effects of Tobacco upon Human Conduct.*—It is no part of the object of this paper to indulge in denunciation of those who use tobacco, nor to exaggerate the evils flowing from the abuse of it. Fanaticism is certainly sincere, but it destroys those it would reform, and disdains the use of reason when it labors to convince.

I wish to speak of the effects of tobacco on the mental and physical health. Some of the ulterior consequences of its abuse will also receive attention, as well worthy of being guarded against. In this whole matter I wish to be understood as "speaking by the book," not as indulging in theory, or hypothesis, or opinion. I will speak what I know, "all of which I saw, part of which I was."

The injury arising from the use of tobacco is to a great extent negative, although, as a deleterious agent, we will see tobacco exerting sometimes very positive influences.

It would be curious, if it were not pitiful, to fully know what sublime schemes, what profound thoughts, what plans—wide as humanity and deep as the foundations of civilization—have melted away and vanished through the dreamy imbecility induced by tobacco smoke. Yet, when the enervating influence of the pleasing siren has passed off, the young and the ambitious, or, it may be, the old and wise, start once more into activity and seem about to realize, in actual fact, their cherished and noble ideals, when once again, and yet again, forever, the soothing influence of tobacco beguiles and deludes; like a silent dream, every faculty of action and every impulse of energy. Thus postponement, and procrastination, and tobacco dim the brightest intellects, and weaken the pulsations of the noblest hearts, until suddenly, all at once, old age is here. The years of brightness, and promise, and youth are passed and gone, and the "night when no man can work," has come.

It is thus, in one way, that tobacco may cheat a man out of his life, and lead him through the world a useless, idle dreamer, always promising himself, always promising his country, always promising his maker, those fruits of intelligence and goodness of which he is capable; but, with the "best of intentions," never

performing anything worthy of the attributes with which he has been endowed by the Creator. Alas! sooner than he could have thought it, time tolls the knell of hope—too late.

*The Special Effects of Tobacco.*—The first indulgence in the use of tobacco generally produces vertigo, faintness, extreme nausea, and very great, it may be even fatal, prostration. But when its employment becomes habitual, tobacco “calms corporeal and mental inquietude, and produces a state of dreamy languor and repose, which has great charms for those habituated to its impressions.” It is this feeling which is so destructive to the energy of life and to the full development of mental and physical activity.

Tobacco seems to act primarily upon the organic nervous system, depressing all its functions, as the nutrition of the body, the circulation of the blood, and even the reproductive powers. The influence of tobacco upon the action of the heart, when it is used in undue quantity for a long period of time, is very peculiar, and is well deserving of notice. The heart displays, in time, more or less of irregularity in its action. This is evinced in palpitation, in tumultuous motion of that organ, especially when lying upon the left side, confining the space of its action. There may be a loud and thumping sound of pulsation. There is sometimes a gurgling or squirting sensation in the region of the heart. Not unfrequently there is very prominent, upon the slightest mental excitement, a distinct sound about the heart, as of rubbing leather, that is, a creaking sound with every heart beat, like rubbing upon glass with the finger. These symptoms are attended at times with a sense of vertigo or dizziness, and a person so affected often feels that it is safest to sit down a little while to prevent his staggering or even falling. The eyes sometimes feel as though they were fixed in the head immovable, and perhaps crossed, and the person affected wonders in his own mind if he does not present a singular appearance to beholders.

All this time the pulse varies. It is always feeble, frequently rapid, “a nervous pulse;” but very often, indeed, irregular and greatly intermittent. Sometimes it is very rapid for a few seconds, then slow and labored; now a heavy throb, again a few hurried, thread-like, and very faint pulsations, scarcely, indeed, perceptible, and anon, a stop altogether, until the patient, frightened and greatly concerned—if he is at all attentive to his pulse—lets go the wrist lest his increasing anxiety may culminate in his dropping



dead. Sometimes he may fall dying. This is a form of heart disease entirely owing to the abuse of tobacco.

One great trouble about all this distress is that the victim of tobacco is frequently ignorant of the cause of his suffering. Even the physician may be in error and compliment the patient, especially if he is a public man, or a man in large business, with the idea that the brain is "overworked," when the fact is that the whole trouble springs from the inordinate use of tobacco.

Now, most persons can bear a great deal of tobacco without producing these violent symptoms. But among such a great multitude as there is habitually using this article, it happens that a great many become at length seriously affected with some of the sudden and dangerous symptoms above detailed. Not a few, it may be, after years of the tobacco habit, become seized, without any marked premonition, with very alarming faintness and prostration. There are nearly always present some minor circumstances favoring such development of the venom of tobacco. Indeed, to these smaller and simple auxillary incidents, as to a rather unusual amount of mental labor, or to oppressive heat and impure air, or to some sudden mental emotion, the occurrence of such unexpected and excessive prostration is very often attributed, while the real difficulty lies in the abuse of tobacco, especially in the form of smoking.

In the attacks of prostration, to which allusion is made, the heart is, possibly, after many weary years of conflict with an insidious poison, finally subdued. It is almost powerless, while the brain as a consequence suffers from a deficiency of blood. The face is deadly pale. The end of the nose is cold and pinched. The patient sighs feebly and gasps for breath. He sinks, wonderfully limp and white, close to the bed. A gulping effort to vomit, frequently unsuccessful from sheer prostration, is followed by a state of unconsciousness resembling death. This condition of *syncope* is worse than ordinary fainting. Where the presence of nicotine, or tobacco poison, is universal throughout the system, there is much to contend with in addition to the state of simple fainting. This prostration, sometimes fatal, tells a long story, and to many a plain one, of the slow entrance, but at length universal prevalence of the poisonous principle of tobacco—nicotin—in the system.

It is plain that here is a condition that it will take a considerable time to rectify. To ever recover so far that a recurrence of

the fearful symptoms above described shall not be, at any and every season, impending, implies a complete revolution and reproduction throughout the whole structure. Long time, suitable remedies, proper nutriment, and an entire abandonment of the use of tobacco will—assisted by the process of interstitial substitution of healthy substance for poisoned atoms—accomplish the desired object. Until that point is clearly attained—and it will require from one to three years to effect the complete “casting out” of the evil spirit—it will be found that every cigar smoked will threaten, in some degree, to bring on an attack of syncope. It is surprising to see how *fearful*, so to speak, the system has now become of tobacco, although it seemed once to be absolutely impregnable to its assaults.

*The Effects of Alcohol and Tobacco compared.*—In this place it will be eminently proper to notice a very wide-spread opinion, that there is some similarity between the effects of tobacco and of alcohol upon the mind and the body.

Alcohol greatly stimulates the action of the heart, producing a quick, frequent, and full pulse, and increasing the volume and accelerating the velocity of the blood, both in the brain and throughout the system. This it accomplishes by bringing the whole mass of the blood into active circulation; there being no part of it left in sluggish motion, in depending localities, or in the great internal cavities. This is the ordinary effect of alcohol. It stimulates the brain and heart. There is no pallor of countenance, there is redness of the face; there is no cold, pinched nose; it is flushed, and hot, and swollen; there is no deficiency of blood in the brain, there is excess of blood in that organ; there are no signs of syncope or faintness, the symptoms of apoplexy, and stupid, snoring sleep alternate with wild excitement and unnatural strength. From tobacco, there may be nervous pain in the back of the head attended by a suppression of sexual excitement. From alcohol, there may be congestive pain in the back of the head attended by exaltation of sexual appetite.

With respect to the mental state, it may be remarked that while tobacco *subdues* thought, and produces a dreamy listlessness and inefficiency, alcohol excites greatly the mental activity, and whirls on thought after thought with such resistless rapidity, that the judgment becomes, not weakened and imbecile, but perverted; and it impels strongly to speech and action. The distinction should be borne in mind between the subdued mental processes

accompanying tobacco, leading to simple idleness, and the perverted mental processes accompanying alcohol, leading to strong and vicious, or foolish action.

To be brief, then, it is seen that the effects of tobacco and alcohol upon the human system, so far from being identical or similar, are really opposite in every essential particular, and even antagonistic.

These effects are extremes; and yet, like many extremes, they so nearly meet as to induce men to seek tobacco and alcohol for the same reason. That reason is to obviate the labor of much thought, or relieve the mind from trouble. For experience shows that alcohol makes *thinking* an *easy* process, although the thoughts may be irregular and inconsequent; while tobacco renders thinking easy by abating its vigor and depressing any natural disposition to persevere in it.

The medical man at once perceives that the effects of one of these substances may be profitably induced in some circumstances, as a means of relief from the more grave symptoms that may arise from the poisonous influence of the other. Thus, fainting and dangerous prostration from tobacco may be very well relieved by the employment of stimulants in the form of alcoholic liquor. The immoderate action of the heart caused by alcohol, and attended with dangerous oppression of the brain, may very often be quieted by the depressing influence of tobacco upon the heart and nervous system.

*The True Connection between the Use of Tobacco and the Use of Spirituous Liquors.*—The medical relations between tobacco and alcohol would be all well enough, and of great value, if those relations were generally preserved in a strictly medical sense. But the fact is, a vast number of people understand the mutual relations sustained by these two substances, not as a matter of science, but as a matter of daily observation, and experience, and feeling.

The resulting practical truth is, that these two powerful agents are employed interchangeably; not to work off, or alleviate dangerous symptoms only, but as a constant practice, to neutralize the very slightest inconveniences. Thus the smoker, if he is really a man of action and ambition, will not sit down, and with indifference let his schemes, and plans, and thoughts vanish and disappear; but he will probably resort to some kind of spirituous liquor to regain the energy which he feels is melting away under the influence of tobacco. This effect of the restorative power of



stimulants may be seen continually in some of the most eminent men of the nation. These men understand that if they must smoke to excess, the great duties devolving on them will not be performed unless they keep themselves stimulated with alcoholic drinks. If they do not temporarily restore, at stated intervals of time, the strength they have lost by the abuse of tobacco, they must soon subside into mere theorizers and dreamers. Or, attempting too much mental labor with the powers of mind unmanned and insidiously sapped by tobacco, they are very prone to fall victims to capricious heart irregularities, and to become seized with great and dangerous prostration.

On the other hand, nothing is more common than to see a man partially intoxicated hunting up a cigar. He feels relieved and comfortable as the influence of tobacco quells, and gradually soothes, the alcoholic excitement of his pulse.

This vicious process of alternate smoking and drinking, to which very prominent men subject themselves, proceeds for a long time in many instances. Present impunity tells no story, and affords no warning of future danger. But at length, as a rule, the alcoholic element grows in strength, and at last the victim of tobacco may perish a miserable drunkard. This is the actual course, down which a great multitude of brilliant men have passed into the shadow of a welcome oblivion.

That there is some connection between the use of tobacco and the acquirement of intemperate habits has long been a recognized fact. But the explanation of that fact has been by no means plausible or clear. The process of making drunkards from tobacco chewers and smokers is very intricate. It looks absurd to pretend that the indulgence in a vicious habit, from the very love of it, may produce another, and nearly antagonistic, vicious habit. I hope that the analysis of the subject that is here offered, will help to drive from the field mere empty declaimers, and place the subject upon the foundation of philosophy, and reason, and fact, and the acknowledged principles of true science.

The whole subject of tobacco is a most difficult one. It is incapable of much generalization. It is a subject of details, and they are obscure and require patient elucidation. Much more can be determined about tobacco by self-study than by studying others. In this respect it differs from alcohol and all other articles, the use of which perverts the understanding, yet the subject in this very view has its difficulties. For, of all the cheating, and deluding,

and beguiling that is done in this world by man, the deceit and false pretenses which he is constantly practicing upon *himself* are the most dishonest and barefaced. It is, in short, extremely difficult for a man to make and report an honest observation of a fact about himself, and especially if he is inquiring into the length and breadth of his own habits.

*Conclusion.*—It is clear from the foregoing, if true, that the habitual use of tobacco, even when its most distressing effects are not reached, is merely a slow but certain process of dwarfing, or belittling, a man, both in an intellectual and moral sense. The vice of intemperance is incomparably the more lamentable, when considered beside the habit of using tobacco. Drunkenness is utterly destructive to any and every one of the better characteristics of the human mind, and heart, and body. To compare, in an unfavorable manner, the slave of tobacco with the slave of alcohol, is so manifestly unjust, that the habit of tobacco using acquires a certain title to respect, as something falsified and persecuted.

That people should become addicted to the tobacco habit at all, is only to be explained by the fact that folks often desire to escape from themselves. Habit takes the place of thought. It usurps the throne of intellect. In our own country especially, where the excitement of politics is so frequent and intense; where the weak-minded and the ignorant, as well as the intelligent and intellectual are so frequently whirled into an abyss of passion, with little but excited and perverted feeling for a director and guide, there is little reason to be surprised that so many resort to the quieting, pigmy-making properties of tobacco for relief.

And yet to the oppressed in every country and clime; to those whose bruised hearts throb in anguish; whose tired and fretted brains would seek repose under the ministration of that last great friend—death; to such, tobacco affords a refuge and a solace, better, safer, and more complete than anything else that is known.

Like some beneficent power, it can calm the perturbed and grief-stricken spirit of the wretched; and, taking the place of

"Some sweet oblivious antidote,  
Cleanse the stuff'd bosom of that perilous stuff,  
Which weighs upon the heart."

**Art. III.—How the Blow, the Ligature or Torsion of the Toe, as mentioned by Dr. Brown-Sequard, acts on the Peripheral Irritation that he speaks of, etc., in producing or relieving Epilepsy, etc.**

By F. SEYMOUR, M. D.

The explanation will afford an illustration how all diseases originate in the *brain*, that they are the natural consequences of an arrest, or other irregularity, of the atomic movements of the different portions of that organ; for to the *diversity* of the parts of the body which they respectively influence we ascribe the apparent difference of these diseases according to the particular portion of the brain that shall be most affected by some outward agency. Thus, after a blow on the *head*, or elbow even, *one man* shall become *sick and vomit*; *another man* fall into *convulsions*; a third shiver fever, grow delirious, and become mentally insane. In all diseases the atomic movements of the brain being no longer in healthy and harmonious action, the natural control which it exercised in health over every part of the body must be then more or less withdrawn from the various nerves through which it influenced the entire economy. The consequence of this is that some organs are at once placed in a state of torpidity, while others act in a manner alike destructive to themselves and the other parts of the body they are most nearly associated in function. We find palsy of one organ, and spasm or palpitation of another.

When the atoms of the various parts of the brain, on the contrary, act in harmony with each other, there is equally harmonious action of every organ of the body, supposing, of course, every organ to be perfect in its construction.

Whatever suddenly arrests, or puts into irregular motion, the whole cerebral action, must with equal celerity influence the *previous* motive condition of every member and matter of the body; for evil in one case, for good in another. Were you suddenly, and without any explanation, to put a ligature around the arm of a healthy person, or twist his toe, you would to a dead certainty excite his *alarm* or *surprise*. Now, as both of these are the effects of *novel cerebral movements*, would you not thereby influence in a novel manner every part of his economy? How should you expect to influence it? Would not most persons in these circumstances tremble, or show some kind of muscular agitation? Their hearts would probably palpitate; they would change color, becoming red and pale



by turns, according as the brain alternately lost and recovered its controlling power over the vascular apparatus. If the alarm was great, the pallor and tremor would be proportionately long. But in the case of a person *already trembling* and pale from another cause, the very natural effect of suddenly tying a ligature round the arm would be a *reverse* effect, for if the cerebral motive condition should be thereby changed at all, it could be by a reverse movement, and such reverse CEREBRAL movements would have the effect of reversing every previously existing movement of the body. The face, before pale, would now become redder and more life-like, the trembling and spasmodic muscles would recover their tone, the heart's palpitations would become subdued into healthy beats, and a correspondent movement would take place in every other organ and function of the body.

The ligature, then, when successful, acts like every other remedial agency.

It is in this manner that every one of the various passions may cause or cure every disease you can name. The brain is the organ to which, in most cases, you should direct your remedial means. When a person *faints* and falls, whatever be the cause, a *blow*, a *purge*, or loss of blood, or the effect of the passions, the first thing to do is to rouse the brain. A dash of cold water, hartshorn, or snuff, or anything that will rouse it, a slap or shake. *If you can only make him feel*, you will be sure to recall him from his state. If you follow the example of the midwife, in the case of *infantile convulsions*, which are the very same thing as epileptic fits in the adult, you will often succeed in substituting a fit of *crying*, which is attended with no danger at all. Only get the *brain to feel*, the *child to crying*, and you need not trouble further, for no human creature can possibly *weep* and have a *convulsive fit of the epileptic* or fainting kind at the same moment. *Convulsive sobbing* is a phenomenon perfectly incompatible with these movements, for it *depends upon a reverse action in the atoms of the brain*.

It is only when the muscles of the *wind-pipe* become spasmodically involved that you have any occasion to be anxious from sudden death from asphyxia. In *adult epilepsy*, especially at the commencement of the fit, a very little thing will often at once produce a counter *movement of the brain*, sufficiently strong to influence the body in a manner incompatible with its further continuance. The application of a ligature, or the twisting of a toe, or the thrust of the finger nail into the quick under the nail, the

cold dash from a height, the dropping of alcohol into the eye, the administration even of snuff, will often do this at once, but will lose their power if frequently repeated when the patient has become accustomed to it. But the suddenness and unexpectedness of the particular measure put in practice—everything—depends on whether you will influence the brain in a novel manner. In the words of Shakespeare, you can

“Fetter strong madness with a silken thread,  
Cure aches with air, and agony with words.”

The chemist, who, like Liebig, expects by the destructive chemical analysis of dead organs in his laboratory to be able to produce and explain the very opposite transformations that take place in the organs of the living, will no more improve medicine than the mere anatomist or pathologist who separates them tissue by tissue with his scalpel; who, hoping to find the origin of every disease made manifest by the scalpel, are ever mistaking effects for causes. Loth to believe that death may take place without even a palpable change of structure, their attention is directed to the minutia of the dead, and finding in their search some petty enlargement, some trifling ulceration or lesion, or, it may be, some formidable tumor or abscess, hastily set this down as the *cause* of a general disease, of which it was only a development or coincident part; and put consequence for cause, incident for source, change in the condition of blood-vessels, etc., for the *powers* producing such change. What is epilepsy, or convulsions, but a spasmodic complaint, an irregular or unnatural contraction of some muscles of the body, where, in the case of voluntary muscles, you can not control with the will—the difference of locality is embraced by our teachers to mystify it; in the lachrymal duct, epiphora or not, correctly fistula lachrymalis in muscles of the eye, squint, strabismus. Sneeze, hiccough, and yawn are also effects of spasmodic action. On the muscles of the wind-pipe, it is asthma and dyspnoea. When this action affects the muscles of the throat and jaws, and the limbs and face, there is loss of consciousness, with a loss of power over the members, which causes him to fall; it is epilepsy or falling sickness. In the gall ducts it produces jaundice. In the ileum or small intestines, it is iliac passion. In the colon, colic in the urethra spasmodic stricture. Is not lateral curvature of the spine a spasmodic disease? All these various diseases are effects of the same action in several parts. Now to palsy or paralysis.

From the suddenness, generally, of the attack, it is called the "stroke." It consists either in partial or complete inability to use the affected muscles; for there are degrees of palsy, as of every other disease—an inability to excite their action by the will. Now, it is an error of the schools to teach that such disorder is *always* dependent on some pressure or lesion of the brain or spine. It, of course, can produce it; but much more frequently this disease is an effect of a weakness of the brain or spine, produced by exhaustion; the cause of such exhaustion being various, of course. It has *often* been produced by a *purge*, and oftener still by loss of blood. Sir William Geary, in England, was wounded in the carotid artery; a certain loss of blood took place; palsy of the left side ensued. Weakly persons, on suddenly arising from their chairs or seats, sometimes all at once lose the use of a leg or arm.

Most cases of paralysis, if properly sifted, will be found to be only the termination of previous constitutional disturbance; and beside this, *paralysis is an intermittent disease* throughout its entire course. How can we reconcile permanent pressure with intermittent phenomena?

Now to neuralgia, as it is called—*tic doloreaux sciatica*. What has the surgical tricks done to relieve them? The division, the moxa, the blisters. They have done nothing. But what has not your alteration of temperature done—your heat, your cold? What has not your bark, arsenic, iron, strychnia, prussic acid, etc., done? Why, produce cures, because they act as your heat and cold does, by altering temperature through the reflex and sympathetic systems, and so by altering the motions of the atoms of the brain, and thus produce amelioration. Are not these diseases all intermittent. The condition of a sick man's brain must, as well as his body, be different at these different times.

Now, in regard to the periodicity of disease. Dr. Brown-Sequard stated that he put off an attack of epilepsy, by anticipating the periodicity of the attack, by chloroform. Very excellent; and so can every attack of every other disease be done, as they all are intermittent. What Dr. Sequard did with his chloroform I have done with opium, quinia, prussic acid, the cold dash, and broke up the periodicity of epilepsy. I have stopped a fit by a sudden fright, by a ligature, by the sudden and unexpected dash of water (cold) in the face, by arresting the attention of the mind suddenly, and thus reversing or altering, if you please, the atomic movements of the brain; and not only in epilepsy, but I have seen the condi-



tion of the whole body changed instantaneously by a passion, a blow, a horrible sight, aye even to death. I have seen a drunken man in a state of what is called congestion of the brain or apoplexy—dilated pupils, stertorous breathing, pale countenance, insensibility, comatose—suddenly, in a few seconds, rise from his recumbent position and walk, from the dash of cold water from a height. I have seen and done this many times; the sudden shock reversing the movements of the atoms of the brain and instantly altering his condition. We have only to watch the action of an emetic in fever, the wonderful change induced in a few minutes, and feel the creeping sensation of the atomic alteration of the brain, to at once see how it can be affected. The brain is spoken of as a unity, yet it is divided into two hemispheres. Like all the features, it is twofold. Now, though a man may lose an eye, he is not therefore blind, or an ear, he is not necessarily deaf. It is possible that a small part of one hemisphere of the brain may, in like manner, become diseased and yet the subject of it reason very fairly to the last. The brain, then, like the body in some of its parts, is double; yet, like the body, in its integrity, the brain is a unity, and, like the body, has diversity of parts. That the scalpel has hitherto failed to trace any well-marked division between the various cerebral portions to which phrenologists have ascribed variety of function is no argument against the doctrine. Do not all the different parts of the frame merge into each other, the elbow into arm, the arm into hand? What is more clearly a unity than the hand? Yet do we not find frequently, from the weakness of some of its muscles or joints, an inability of its possessor to do a particular work, though he may still accomplish many others by it? So with the brain—partial disease of brain produces partial intellectual injury; and here you have monomania or idiocy, according to degree and locality of the defect. And yet medical men, for cure of mental derangement, employ the identical means or material agency by which they profess to cure a broken or diseased limb or other part of the material body. We might as well talk of walking, apart from the matter of the legs, as of mind or thinking power apart from the matter of the brain.

## Translations.

*Diaphragmatic Neuralgia.*

Par le Dr. MICHEL PETER, *Professeur agrege de la Faculte de Medecine de Paris, Medecin des Hopitaux.* Translated from the "*Archives Generales*," by THOMAS C. MINOR, M. D.

[CONTINUED.]

*5th Group: Diaphragmatic Neuralgia and Exophthalmic Goitre.*

*Observation 14.*—*Complete exophthalmic goitre; diaphragmatic neuralgia.* Madame L. addressed me from New Orleans through Dr. Layton.

This lady, aged twenty-eight years, very nervous, presents the most complete type of exophthalmic goitre; eyes projecting outward from the orbit and giving the face something of a fierce expression; thyroid body voluminous, to such a degree as to cause the patient to carry special cravats and to make her, from month to month, move back the hooks and eyes from the upper part of her dress; heart hypertrophied, measuring eleven centimetres in vertical diameter, bounding in the chest in such a way as to disturb it at each pulsation, and beating habitually from 120 to 130 times per minute.

I found, with M. Leroy Dupre, a sound of *souffle* at the first beat of the heart, supra-mammary; *souffle* more rude than that of anæmia and belonging probably to a lesion of the aortic valves (contraction); from the retro-sternal pain at the upper portion of the second intercostal space; from the pain at the left anterior and posterior insertions of the diaphragm, likewise in the neck (region of the left phrenic). Habitual breathlessness, which becomes painful when the patient is suddenly agitated; that which is not difficult to realize. From thence, pains are felt at the base of the heart and in the chest (left diaphragmatic region), in the neck, in the left shoulder, and in the arm. In the meanwhile she has never had any attack of angina pectoris.

This lady had undergone the hydropathic treatment without any great success, frictions with wet cloth, then the rain water douche. The only relief was a diminution in the number of cardiac pulsations, which were no more than from 100 to 110 at the end of a month's treatment.

*Observation 15.—Incomplete exophthalmic goitre; diaphragmatic neuralgia; nervous troubles of the superior part of the body.*

Mme. A. D., aged fifty years, woman extremely nervous and intelligent, came to consult me in relation to her heart. In reality, she has an exophthalmic goitre, but incomplete, in the sense of having the disease of Graves, the hypertrophy of the thyroid body and of the heart; the patient has not exorbitis.

Habitual palpitations, very frequent pulse, from 110 to 120; becomes short of breath easily.

I made up my mind besides that this lady had diaphragmatic neuralgia, and that she experienced at times other symptoms which vaguely recalled an outlined angina pectoris.

That which made me suspect diaphragmatic neuralgia, was the pain the patient complained of at the base of the lungs and in the left arm. I then found, and without difficulty, that the left anterior and posterior diaphragmatic insertions were painful on pressure; that it is the same in regard to the trunk of the phrenic at the neck or with its filaments of origin at the base of the neck. I found besides retro-sternal pain on pressure at the level of the third rib.

There is neither cardiac nor aortic souffle; and the patient, who, before asking my opinion, had consulted that of M. Boullaud, then showed me his written opinion, in which this wise physician had, like myself, rejected the idea of the existence of an organic affection of the heart in the sense in which we habitually understand it; but he had found the heart voluminous, and it is in fact much hypertrophied.

As this lady presented a collection of very remarkable symptoms, which seemed to me to be connected to each other by the same pathogenic link, I asked her to give me herself the written history of her case, and she has done so in the following letter, which I publish without changing anything:

*"My Dear Doctor:* I am going to try and tell you, the best I can, what I undergo, to the end that you may draw the conclusions you wish to arrive at.

"Insupportable itching after retiring at night, especially on the chest, upper portion of body and arms, accompanied by great agitation; extreme heat, visible swelling of the veins of the chest, neck, arms, wrists and hands, which are red and burning, the same of the head, though there is no headache; violent and irregular beating of the heart; sometimes the heart's action, moderating at the exterior under the hand, seems to beat violently at the back and be wholly



contorted. Very often, after retiring, some strong and precipitate beatings are followed by a seeming stoppage, after which the blood appears to gush with violence, exactly like a liquid passing through the narrow neck of a bottle. The stoppage, or may be the movement of gushing, I can not distinguish it, brings about a kind of suffocation. Often pain at the point of the heart.

"Feeling of obstruction and weight in the whole left side and arm.

"On the least fatigue, pain in the muscles which attach the head to the shoulders, backward.

"After walking up stairs, after jolting in a wagon, sometimes after rising from my chair, violent and suffocating shooting pains in both sides from the spine of the back, at the right side of the waist; these shooting pains, which would seem to be unendurable, pass in a few seconds; they appear to turn around the body, from the back to the ribs in front.

"For some time past, swelling of the limbs and feet at night.

"This is all I can think of at present. I shall tell you in words all that can make my case understood."

These symptoms, so painful, above all the itching, can only be calmed by lotions with a solution of chlorhydrate of morphine, 2 grammes of the salt of morphine to 20 grammes of water.

This lady uses besides cooling lotions every morning, and derives great advantage from a sojourn of from four to five months each year at the sea-side, frequently taking salt baths. She shows in addition a remarkable resistance to cold, by reason of her excess of peripheral caloric.

*Reflections.*—It seems important to me to observe that these strange symptoms, "insupportable itchings, above all on the chest, upper part of the body and arms," of "visible swelling of the veins of the chest, neck, and arms," of "redness and heat in the head, without *headache*," that all these symptoms, I say, are clearly localized at the *superior part of the body*, that is to say, in the region where the *cervical ganglions of the great sympathetic* distribute their filaments.

It is evident, moreover, that this vascular dilatation is a thing of a *nervo-paralytic* order and under the control of the great sympathetic.

The sensation of acute heat is the result of sudden and intense afflux of blood in the regions invaded by the vascular dilatation, bringing about an increase of interstitial combustion, and the itching experienced must be the indirect consequence.

The cerebral spots existed likewise at these points, and these spots, which have been before described by Trousseau and myself, in the case of Graves' disease, are a thing of *nervo-paralytic* order likewise under the control of the great sympathetic.

Now, the symptomatic *triad* of Graves' disease (*hypertrophy* of the heart, *hypertrophy* of the thyroid gland, exorbitis of the eye), this triad, I say, seated at the *superior portion of the body*, precisely where the nervous troubles of which I speak are observed. Finally, I will remark that the cervical ganglions of the sympathetic all three co-operate in the formation of the cardiac plexus.

From this point, then, if it is impossible not to see in exophthalmic goitre a nervous disorder producing above all cardio-vascular troubles, it is difficult not to see it localized in the great sympathetic, and especially in the distribution of the three cervical ganglions. This is all I actually wish to say.

*4th Remark.*—The observations of the third, fourth, and fifth groups have this trait in common that, in all of them, *the heart is involved*: 1st, may be *primitively*, in the *epithelial lining* of this organ, or of the aorta (atheromato-calcareous lesions of the endocardium and of the lining membrane of the aorta, owing to old age, gout, alcoholism, and rheumatism), reflected upon the cardiac plexus; 2d, may be consecutively in its *fleshy fibers*, following a functional trouble of this same plexus (hypertrophic lesion of the heart in goitre). Of such a kind that, in these cases, there was at a later period analyzed a *functional trouble of the cardiac plexus*, that which I wish to bring forward.

*6th Group.*—*Diaphragmatic Neuralgia and Affections of the Spleen.*

*Observation 16.*—*Palustral intoxication; hypertrophy and induration of the spleen; left diaphragmatic neuralgia.* Name, Bialoux; aged 32 years; soldier of the 59th foot; entered the 18th of November, 1870, at the "Larochevoucauld" Hospital.

He has spells of tertian fever, the which is nothing else than a repetition of intermittent fever contracted two years ere this in the marshes where he worked as a brick-maker. The primitive fever was of the quotidian type; it persisted nearly a month and was cured by means of quinine, but afterward weakness and paleness remained.

It was in this state that this man was called to serve his country and returned to Paris, where, the 15th of September, he was attacked by fever; he, nevertheless, remained in the service until the battle of the 30th, in which he was wounded. His wound and fever were cared for at the field hospital of the "*Tombe-Issoire*." His wound healed; he was sent to our hospital at once, his tertian fever still persisting.

On the entrance of the patient, M. Peter discovered that the

spleen was very much hypertrophied; it measured fifteen centimetres vertically by eight centimetres to the anterior border. Compressing it, it is painful.

The patient complains of suffering in the left hypochondriac region and the corresponding shoulder. He can not sleep upon the left side.

For the purpose of investigating the diaphragmatic neuralgia, M. Peter pressed upon the cartilages of the lower ribs, and especially on the ninth, at the level of the diaphragmatic insertions, and soon the patient coughed, saying he experienced pain. The *cough* consisted in two or three small jerking expirations, dry and sonorous. Compression at the level of the anterior part of the third left intercostal space, near the sternum, is likewise painful and provokes an effort of immediate coughing. It is the same on compression of the neck along the tract of the left phrenic nerve; the pain radiates from thence toward the shoulder. One can, at his pleasure and immediately, make the patient cough from pressing on any one of these three regions. Compression of the phrenic at these points not only brings about pain and cough, but produces a certain degree of oppression.

The treatment consists in electuaries of cinchona, wine of cinchona bark, painting with tinct. iodine and sulphur baths; previously, the attacks had been stopped in the first part of December by the aid of sulphate of quinine.

In spite of this treatment the patient remained pale and languishing; from time to time the fever reappeared and was again treated by sulphate of quinine. The spleen preserves its exaggerated volume, always fifteen centimetres by eight centimetres from the anterior border, and is always very nearly as painful. There is likewise neuralgia of the phrenic, which is, in the meanwhile, a little less strong; pressure at the points indicated provokes less easily the attacks of reflex coughing, but always causes pain.

This soldier left the hospital the first of February more robust than on his entrance, but still having hypertrophy of his spleen and its symptomatic neuralgia, though the latter is less marked.

*Reflections.*—In this case, the pain in the phrenic nerve is the more or less remote consequence of inflammation of the nerve rather than a neuralgia; inflammation of the phrenic is itself the consequence of diaphragmatic peritonitis, itself consecutive to a perisplenitis of palustral origin.

On the other hand, we will remark that the compression of the



phrenic nerve produces in this patient a reflex and spasmodic cough, as in the patient of observation 10.

This reflex phenomena from artificial and direct irritation of the phrenic, seems to me to explain the *dry cough* which is immediately caused among certain patients attacked with thoracic affections, the changes of position; for example, when these patients leave the decubitus upon the back for the sitting posture. In this case there was a slight pleural effusion which collected in the posterior costo-diaphragmatic groove when the state of decubitus was assumed, spreading roughly upon the vault of the diaphragm when the patient sits down. From thence this liquid tickles, so to speak, the diaphragmatic pleura, and provokes a cough by its reflex action.

That there is effusion in this case was demonstrated by carefully practiced percussion.

*8th Group: Diaphragmatic Neuralgia and Hepatic Affection.*

I shall not report in detail the numerous cases that I have observed of it. Suffice it to say, that I have always seen diaphragmatic neuralgia accompany *hepatic colic* and giving it its principal symptoms; the pain in the right hypochondriac and epigastric regions with anxious respiration, pain in the right shoulder and at the neck, pain in the clavicle, etc.

The pains in the hypochondriac and epigastric regions are very distinct from a pain which ordinarily exists lower down at the level of the gall-bladder and up to a point where the choledochus empties into the duodenum. Pressure made at this latter point is ordinarily very painful.

The diaphragmatic neuralgia symptomatic of hepatic colic arises with it and outlasts it sometimes for several days. The points which remain longest painful are the anterior insertions of the diaphragm at the eighth, and above all at the ninth rib, and the trunk of the phrenic at the same time.

I have, besides, observed diaphragmatic neuralgia in certain cases of *considerable and painful congestions of the liver*, symptomatic of affections of the heart when falling upon the right side of the heart and lung circulation.

I have seen it in the case of *cirrhosis* of rapid progress in cancer of the liver, when the morbid product adjoined the convex face of the organ, and in the case of metastatic abscess due to purulent infection.

III. DETAILED STATEMENT.—I could, without any sort of profit, multiply my observations of diaphragmatic neuralgia. From those I have reported it is clearly seen that this neuralgia is a thing of most frequent occurrence. The frequency is such, at the same time, that I do not hesitate to affirm that diaphragmatic neuralgia is a disease that is met with very often. It is easy to give a reason for this. At first this neuralgia may, like all others, come on idiopathically, or better speaking, owing to the habitual occurrence of an anæmic dyscrasia of the blood, in which case its seat is almost constantly on the left side. In the second place, it may arise symptomatically, and the causes which engender it from thence are as numerous as are varied the organs with which the phrenic nerves are in connection, either along their course or at their termination. The intimacy of the connections between the trunk of the phrenic (above all the left) and the pericardium from the large efferent vessels (aorta and pulmonary artery with the cardiac plexus interposed) as far as the apex of the heart, very well explains how vascular disorders, cardiac or pericardiac, may radiate upon the adjacent phrenic, and afterward account for the frequency of left diaphragmatic neuralgia in affections of the heart and larger vessels. At the same time the close connection of the diaphragm (in the thickness of which the terminal filaments of the phrenics expand) with the liver, the spleen, and kidneys, may besides call into action the morbid sensibility of the phrenics. Finally, the diseases of the pleura or diaphragmatic peritoneum likewise produce it.

After the central organs of circulation, the liver is that which gives rise most often to diaphragmatic neuralgia. In the first case, it was in the left that it existed; in the second, to the right; so that when the lesion or functional trouble is considerable, the morbid radiation may take place upon both phrenics, and the neuralgia be bilateral, nevertheless there is always from thence predominance of pain in the left side in cardiac affections, and at the right side in hepatic affections. The reasons, wholly anatomical, are, therefore, so simple that it is truly useless to explain them. So much said, we shall now go into the analytical study of the cases:

1st. *Spontaneous Pains*.—Patients attacked with diaphragmatic neuralgia especially complain of suffering “at the base of the lung” and “in the shoulder.” I have already told the diagnostic value of this latter sort of pain. After their sufferings the patients speak of it themselves, and after questioning reveal the others, which are pain

in the neck (sometimes at the nape), and in the jaw. These spontaneous pains are increased by pressure, and permit us to locate the most special painful points very exactly, which latter are the true centers of pain.

2d. *Painful Centers*.—The same as in all neuralgias, we find in that of the phrenic points most particularly painful, which are: 1. The anterior insertions of the diaphragm at the seventh, eighth, ninth, and tenth ribs, and especially at the ninth. 2. The posterior insertions, and above all the last, at the concavity of the last rib. 3. At the lateral portion of the neck, beyond the internal head of the sterno-mastoides, that is to say, upon the course of the phrenic in front of the scalenus anticus. We see that these points are those where the nerve is superficial, which is in accordance with the general law of painful centers in neuralgias.

There is, besides, another center of pain that I have frequently met; it is the part of the sternum which is found at the level of the second or third intercostal space, more especially at the insertion of the third right or left costal cartilage; sometimes, in the meanwhile, I have provoked pain by the pressure of the fourth or fifth left costal cartilage. Now, as I have invariably found this center of retro-sternal pain among subjects who had cardio-aortic lesion or a nevrosis of the heart, I have asked myself if they belonged to the cardiac plexus, or to the nervous ramifications described by Hirschfeld, and which, emanating from the phrenic, meet at the pericardium. The case of the patient of observation 16, where no heart disease existed (and where the neuralgia was decidedly diaphragmatic—having a splenic origin), seems to authorize us to believe that this retro-sternal pain may be seated in the phrenic.

The patients complain as well, most ordinarily, from anterior diaphragmatic pain as from retro-sternal pain, which is owing probably to the part the diaphragm plays along with the movement of the ribs, bringing on locomotion of the painful parts, and exalting the pain with each respiratory act. While, on the contrary, the superior sternal region being relatively immovable, it follows that the retro-sternal pain is not sensibly exasperated by the respiratory movements. So, finally, then, this latter suffering being less frequent and less inconvenient, the patient supports it better, is less inquiet, and complains less.

3d. *Associated Pains or from Irradiation*.—These centers of pain are seated upon the phrenic itself; but there are other pains



associated or from irradiation, which are felt in some one of the branches of the superficial cervical plexus and in the superior branches of the brachial plexus.

There is, in order of frequency, for the cervical plexus, the pain from the internal portion of the clavicle, or pain from the sub-clavicular nerves; the pain or sensation of numbness in the lateral region of the neck belongs to the cutaneous branches of the superficial cervical plexus; the pain in the inferior maxilla is derived from the same source, and the obstruction to mastication results probably from the anastomoses of the phrenic with the nervous trunks of the hypo-glossal nerve of the subhyoideus muscles.

There is, for the *brachial* plexus, and alway in order of frequency the pain in the shoulder, or pain in the circumflex nerve, the pain in the internal portion of the arm, or pain from the accessory of the internal cutaneous brachial, the pain in the elbow and little finger, from pain of the cubital nerve. We will remark that these nerves are the first which arise from the brachial plexus, and that they are, consequently, closest to the origins of the phrenics.

I do not believe that these associated pains are produced by the mechanism of reflex actions. It seems to me that they take place oftener from irradiation, or, by virtue of the law of *common origin*, the pain arises at the point of termination of a plexus, and is transmitted nearer and nearer to different branches of this plexus, and at the same time to the nearest branches of a neighboring plexus without passing through the spinal cord. In this way is explained the almost constant and exclusive localization of these associated pains in the side corresponding to the painful phrenic, while that the pains from reflex action would make themselves felt at very different points opposite, and at the same time very far off from the centers of primitive pain.

At the bottom there is a phenomenon similar to the painful irradiation of the vulgarly called "toothache." Here the pain is propagated nearer and nearer from the dental nervous filaments to its branch of origin, and from thence to its trunk; from thence the possible pain to the whole length of the superior or inferior maxillary nerve and their different divisions.

*4th. Painful Apophyses.*—The habitually painful spinal apophyses in neuralgia of the phrenic are those which correspond with the same origins of the cervical plexus, that is to say, the second, third, fourth, and fifth cervical vertebræ. The sixth vertebræ is very rarely

sensitive on pressure. The most frequent pains are at the third and fourth, which are also those where the pain is habitually the greatest.

5th. *Functional Troubles*.—Neuralgia of the phrenic produces functional troubles of *respiration*, of *mastication*, of *deglutition*, and *locomotion of the left arm*. Sometimes we observe it on the part of the circulation, but most frequently of all an obstruction is produced in the respiratory function.

Respiration is from thence painful, incomplete, impeded by the pain. The patient feels the motion of his diaphragm during the action, and prevents the moving of this muscle by the aid of the hand applied upon the lower ribs. He feels, moreover, that something "stops his breathing," and it is this of which he most ordinarily complains.

At the same time, all the acts in which the diaphragm actively engages are impeded or rendered impossible by the pain, as in the effort of coughing, laughing, yawning.

Independently of these spontaneous symptoms, a direct consequence of neuralgia of the phrenic can be produced artificially. Thus, by the compression of the phrenic nerve at the neck, *we rudely stop respiration* in some patients, and render it more painful in all. The same thing takes place by the compression of the terminal expansions of the nerve at the anterior and posterior insertions of the muscle.

We can also, among certain subjects, and by the same means, provoke *fits of coughing*, which burst forth with abruptness from a movement of detention when one compresses the trunk or terminal expansions of the aching nerve. (Obs. 10 and 16.)

*Mastication* is obstructed and painful in a certain number of patients, and this obstruction notably increases by compressing the painful points.

*Deglutition* is a much less frequent trouble. It happened, however, in a very great degree in the case of two patients, and attacked, almost to the degree of strangulation, one of them when we pressed the trunk of the phrenic or the painful cervical apophyses. (Obs. 5.)

A phenomenon very nearly constant is the feeling of pain or weakness at the internal and superior part of the arm corresponding to the nerve having the lesion; a pain perfectly distinct from that of the elbow and the two last fingers of the hands, which is most frequent. But, independent of these troubles of sensibility,

I have observed it on the movable side. Thus the movements of superior member are less free, owing to the pain at the shoulder, and, among a great number, the muscular contraction *enfeebled*. This weakness may go almost as far as *paralysis*. It is thus that we have seen it in the patient of observation 6. Once I observed the *contraction*, which had been preceded in another attack, by *paralysis*. (Obs. 5.) It is true that, in these excessive cases, the diaphragmatic neuralgia was not simple, but associated with epilepsy or with hysteria.

One can see by all the preceding facts, that the famous *pain in the left shoulder, at the elbow, and in the little finger*, pathognomonic of angina pectoris, is only a derived phenomenon; that it does not belong properly to that nervous disorder, but is derived from neuralgia of the phrenic. And the analysis demonstrates that it still is a phenomenon of irradiation, the pain in the superior member being connected with that of the phrenic owing to the community of origin of the diaphragmatic nerves, circumflex and cubical, in the intrications of the cervical and brachial plexus.

What I said of the pain in the left shoulder and at the elbow in angina pectoris and its mechanism is likewise true of pericarditis, as it is still true of affections of the liver, from that almost to the pain that is felt from thence in the *right* superior member. In all these cases it is through the medium of the phrenic, then, the brachial nerves become painful.

We do not always observe troubles of the circulation in neuralgia of the phrenic. In the meantime there is a very odd phenomena that I must describe, having met with it in three cases. This is a sensation experienced in the præcordial region, and which the patients compare to a bubbling, to a hissing of steam escaping by a narrow orifice. This phenomenon, evidently cardiac, as the patients, in describing it, indicating with the finger the place of its production, bring it to the orifice of the aorta, explains itself in a case (obs. 15.) by an exacerbation in the nervous disorder of the heart, the patient being attacked with exophthalmic goitre; but in the other two cases it has been impossible for me to find anything abnormal about the heart. In these two patients the sensation of which I speak was accompanied by pain in the whole præcordial region, with weakness of the internal part of the arm. One of these patients was epileptic (obs. 6), and in him the diaphragmatic neuralgia vaguely recalled the traits of angina pectoris outlined; but in the other patient (obs. 3) there



was absolutely nothing appreciable further than a neuralgia of the phrenic pure and simple up to that point. Will there be later in these two cases a disease of the heart, and especially a cardio-aortic affection? Will the disease become more freely a cardiac nervous disorder, an angina pectoris of which the functional trouble that I described shall be the precursory indication? It is the coming on of this that I apprehend in the case of the patient of observation 3, in whom I had occasion to attentively watch the health. In all cases I must describe this possible epiphenomena in diaphragmatic neuralgia in searching for its probable cause and its eventual prognostic value.

*6th. Seat.*—Diaphragmatic neuralgia is most always seated at the left. From thence it is idiopathic; that is to say, without appreciable organic reason, it presents itself in common with neuralgias in general (in which we know the elective affinity for the left side) and with intercostal neuralgia in particular. Very well, in these cases, idiopathic in appearance, we find, without much difficulty, the cause drawn from neuralgia in *anæmia* or *nervoism*. In the second place, the frequency of diaphragmatic neuralgia of the left explains itself in other cases by the existence of a *cardiac affection* (more precisely from a cardio-aortic affection), or from a *lesion of the aorta* (atheromatous, peri-aortitis, aneurism), or from a *nervous disorder of the heart* (angina pectoris, exophthalmic goitre), and, in all these cases, the proximate cause of diaphragmatic neuralgia is the morbid radiation of the primitive lesion to the phrenic nerve through the intermediation of the cardiac plexus. Finally, pericarditis habitually produces a left diaphragmatic neuralgia, and the proximate cause is that the left phrenic nerve in such intimate and extended connection with the pericardium finds itself thus placed in the full inflammatory center, and is thus invaded itself by inflammation or irritation.

Diaphragmatic neuralgia situated *at the right* in affections of the liver, and its proximate cause is the same as in pericarditis.

*7th. Diagnosis.*—The preceding observations demonstrate not only the existence, but moreover the frequency of diaphragmatic neuralgia, and in the meanwhile it will not be useless to answer here a *theoretical* objection which might be made as to the *possibility* of the existence of a neuralgia of the phrenic. This objection is that the nerve being a *motor*, it could not become painful.

To this *a priori* objection we can respond by the symptoms themselves, demonstrating that there are pains in the trunk of

the phrenic in its terminal expansions, the same as in its branches of origin, and this will suffice after all. But, accepting the discussion upon the same ground of the *a priori* physiology, I say the objection is of no value; in the meanwhile the phrenic nerve is not exclusively motor, but *mixed*; that in this sense it has sensitive filaments, and in this way it may become painful. I may say as follows: that it is to the cervical plexus that which sciatica is to the sacral plexus, and that to deny diaphragmatic neuralgia would be returning to deny sciatic neuralgia, which is simply absurd. This objection being answered, I do not think it useless to say some words on the diagnostic signs. We know how rare *diaphragmitis* is, beyond an inflammation of the neighboring parts, due to pleurisy or to a diaphragmatic peritonitis. We will not have, then, to make the differential diagnosis between inflammation of the diaphragm and neuralgia of the phrenic. But it can not be thus in *rheumatism of the diaphragm*, which certainly exists in the same sense as that of the muscles of the thoracic walls or pleurodynia, without being as frequent as that affection; but the same as the phrenic produces almost always, if not always, a parietal pleurisy; the same the pleurodynia of the diaphragm must probably produce, a diaphragmatic pleurisy, and afterward a nervitis in the vicinity; or diaphragmatic nervitis, which produces all the painful phenomena proper to neuralgia of the phrenic. So that the diagnosis is at the farthest very indifferent. As to pleurodynia properly speaking, pleurodynia of the diaphragm is without fever, and differs but little from neuralgia of the phrenic save by the nature of its cause, which may be cold, and the existence of the affection upon the two parts of the muscle; that is to say, that the diaphragmatic pain will be situated from thence in both sides.

In the meanwhile, when inflammation of the diaphragm muscle comes on, in the course of an attack of articular rheumatism generalized and febrile, it brings about the rapid production of a *double diaphragmatic pleurisy* with effusion, as it happened in a patient I had charge of, in 1867, at *l'hôpital de la Pitié*; the affection differs from thence in every point from pure and simple neuralgia, as well by its symptoms as by its gravity.

In the case of which I speak, I, one morning, found the patient sitting bent upon his bed, and uttering a violent cry, simultaneous with each inspiration, which were cut short, and made known to me at a distance a diaphragmatic trouble. The diaphragm motion

less immovable at the abdomen, and respiration was performed by the accessory inspiratory muscles (superior costal). There was very acute pain at the diaphragmatic insertions, principally at the left, and above all over the tract of the left phrenic, likewise over the whole extent of its habitual area of painful radiation (neck, shoulder, elbow). These symptoms were less marked on the right. A slight effusion already existed at the left. The next day we found it on the opposite side. There was no doubt as to double diaphragmatic pleurisy. The anguish was inexpressible; the face was pale and profoundly changed. Pulse very frequent and threadlike. The effusion on the left side very soon occupied the third of the pleural cavity; it was always least at the right. I energetically combated what seemed to me about to terminate fatally. Two successive applications of wet cups in great number (fifteen to twenty), and the following days I ordered a large blister for each side. There were, in this manner, four successively applied. The patient was perfectly cured, and ever afterward all signs of double diaphragmatic pleurisy completely disappeared, save the pain in the phrenics. A month afterward this pain itself had disappeared.

It is not without interest to observe here that the most remarkable symptoms of *diaphragmatic pleurisy* are precisely from the derived phenomena; as thus form its respiratory anxiety and its dyspnœa, as also its possible gravity, this pleurisy must be owing to slight paralysis of the diaphragm inflamed by contact, the same as is due to the concomitant nervous disorder of the phrenic, its pain at times so cruel.

It is even so in *pericarditis*, which only produces at times such formidable consequences because its inflammatory radiation may produce slight paralysis of the two most important muscles of the organism, the heart and the diaphragm, and trouble impede in this way two of the greatest functions, circulation and respiration; pericarditis becomes from thenceforth like diaphragmatic pleurisy, its pain sometimes so intense that the left phrenic and sometimes the right are enveloped in the inflammatory atmosphere.

By all I have pointed out, it is then very certain that there may be diaphragmatic pleurisy or pericarditis, in this that they are most clearly defined, that we can distinguish them from neuralgia of the phrenic; independently of the possible intensity of the functional troubles of the two first diseases, there is the fever which



must from thence wholly guide the physician. It would only be in the slightest cases where we should hesitate an instant.

But, conversely, in a patient attacked by fever with dyspnœa, and presenting some doubtful signs of pleurisy, the pain at the shoulder must make us search attentively for painful points and neuralgia of the phrenic, and the existence of these points must lead us to diagnose not only pleurisy, but *diaphragmatic* pleurisy, an affection infinitely more frequent than one would believe, and much more benign than laid down by authors, who only diagnose it in severe cases, and mistake it in slight cases. So, the contrary of what they have taught, I may say that diaphragmatic pleurisy is very frequent and most often benign. I only should wish for a retrospective proof of those numerous adhesions connecting the base of the lungs to the diaphragm, adhesions we meet in subjects dying of whatever affection, and which can only be produced by a diaphragmatic pleurisy existing a long time back and cured.

In diaphragmatic neuralgia the respiratory function is never as deeply perverted as in intense diaphragmatic pleurisy. In neuralgia the pain stops very slightly the movements of the diaphragm on the painful side, but it never does it completely.

I will not insist upon the differential characteristics of diaphragmatic neuralgia and *diaphragmatic* peritonitis or of hepatitis; the reader will easily supply them.

We may see diaphragmatic neuralgia confined by numerous points with *angina pectoris*. This angina owes to it, at the same time, some of the most interesting particularities of its symptomatology, and especially the pain at the left *shoulder*, at the elbow, and little finger, may be also in part its dyspnœa. But angina pectoris differs from neuralgia of the phrenic by reason of its excessive anguish, by the emotional sensation of an approaching death; symptoms derived from the sufferings in the cardiac plexus and from impeding the functions of the heart. It differs from it, also, from the suddenness of the attack, by its mode of appearing, following, for example, from ascending a height, from a rapid run, and from a walk against the wind.

Now, we understand from all the anatomical and pathogenic reasons shown during the course of this article, that in a certain number of cases, neuralgia of the phrenic constitutes the prodromic period of angina pectoris, and that in all cases in determining this neuralgia, we must attentively investigate the angina, and assure ourselves whether the neuralgia is really simple, or is

not the precursory indication of a beginning angina pectoris. In regard to this subject, it is indispensable to examine the aorta and its valves and to auscultate the sounds with the very greatest care, angina pectoris being, in an immense majority of cases, the symptomatic expression of a grave lesion of the aorta. (See further back, Remark 1.)

I will not insist upon its diagnosis with *gastralgia*, but must, in the meanwhile, put you on your guard against a possible confusion between this neuralgia and that of the phrenic; a certain number of patients attacked by this latter complain only "of the stomach." In a similar case, pressure upon the insertions of the diaphragm at the ninth rib and upon the posterior arch of the same will lead you to make a rapid diagnosis.

As to *intercostal neuralgia*, we know its centers of pain at the anterior parts, median and posterior parts of the corresponding intercostal spaces with the interested nerves; its habitual seat at the left and medium portion of the chest (fifth and sixth spaces by preference); we know that the pressure is painful at the level of the corresponding dorsal spinal apophyses. While that, in neuralgia of the phrenic, the centers of pain are at the base of the chest; there are irradiations to the shoulder and neck, and there are the cervical apophyses which cause suffering on being pressed.

*8th. Prognostic.*—From all we have seen, simple diaphragmatic neuralgia is not a very serious affection (obs. 1, 2, and 3); but it often is found complicated with serious affections, such as epilepsy (obs. 6), angina pectoris (obs. 7 to 11), senile lesion of the heart (obs. 12, 13), exophthalmic goitre (obs. 14, 15). It is necessary, then, to be on our guard, having discovered a diaphragmatic neuralgia, in considering it a slight matter, and neglecting above all to investigate its relation with other affections.

*9th. Treatment.*—Is that of all neuralgias in general; the diaphragmatic neuralgia, if it is simple, recent, and very painful, application of wet cups to the insertions of the diaphragm, or a blister, which should be dressed with morphine. What is better still and more rapid, injection of a solution of morphine, in the dose of five to ten milligrammes, commencing with five milligrammes; observation 4 shows the danger we may have by beginning with one centigramme at the first onset. When the injection succeeds, we attain in this matter at times the calming not only of the diaphragmatic neuralgia, but all its painful train of symptoms, as can be seen in observation 11.

When the neuralgia is slight, we can combat it only by the aid of sinapisation. Paint with the tincture of iodine, either pure, or by the addition of laudanum in equal parts, or of one centigramme of chlorhydrate of morphine to five grammes of the tincture. Or, better still, we will prescribe ointments by the aid of a narcotic liniment with chloroform (10 grammes of chloroform to 30 grammes of the oil of hyosciamus).

If the neuralgia is old, or connected with a cardio-aortic lesion or to a complex nervous disorder, such as angina pectoris and exophthalmic goitre, the local treatment will be the same, possibly there may be less chance of succeeding. Lotions of morphine, applied upon the whole superior part of the body, have not only calmed the itching, but the diaphragmatic neuralgia, in the case of the patient of observation 15.

The general treatment is owing to the idiosyncrasy. Meglin's pills or valerianate of zinc, bromide of potash, wine of bark and iron; but above all, baths: sulphur baths, Pennes baths, see at the same time electric baths, cold baths in fresh or sea water of very short duration; finally and principally, hydro-therapeutics in the form of cold lotions or of baths in rain water.

*En resume*, I wish to demonstrate in this article not only the existence, but also the frequency of diaphragmatic neuralgia.

A second point that I have constantly essayed to show, which is the practical side of this semiotic study and pathological physiology; it is that the pain in the left shoulder and at the elbow must make us think of diaphragmatic neuralgia—this one to a functional trouble of the cardiac plexus—this functional trouble to a cardio-aortic lesion, more especially to a lesion of the aorta; and that thus, very indirectly, but in certain cases very certainly, we could arrive at the discovery of an organic affection of the heart or aorta up to that time unknown.

The same result may be obtained by connecting it to an affection of the liver in the case of pain at the right shoulder, symptomatic of neuralgia of the right phrenic.

Finally, I am forced to see the pathogenic relations of this neuralgia with a number of morbid states, and to this subject I have at times voluntarily raised certain connected problems.



## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

JAMES GRAHAM, M. D., PRES'T.

L. WOLFE, M. D., SEC'Y.

*Dr. M. B. Wright* referred to a case originally vertex presentation, but during delivery changed to face presentation. Since the birth of the child, there is a constant tendency to throw the head back. He ventured the opinion that these cases were inclined to face presentations prior to birth.

*Dr. Walker* referred to a case, where he and *Dr. Wright* were employed, of shoulder presentation; child dead; the vertex brought down; after which there was a tendency to face presentation. Now, if this tendency exists prior to birth, why was not the face presented instead of the shoulder, at the first presentation?

*Dr. Wright* replied that he performed cephalic version in this case, and as soon as the hand was removed from the occiput the tendency to face presentation was marked; the chin, during delivery, coming out under the pelvis. This case, instead of disproving the theory, only tended to confirm him in the opinion that the tendency to face presentation exists prior to delivery.

*Dr. Graham* referred to a case of abscess of brain, in a druggist of this city, where the patient first had symptoms of malarial chills. After those symptoms had disappeared, patient became very loquacious. After a time he had an attack in which he lay insensible for two or three weeks; but gradually recovered, and was again able to attend to his business. Three weeks before his death, was passed as a proper subject for life insurance. After death an autopsy revealed pus in the brain, and in that part of the brain where it is supposed, according to modern theories, the mind is located. No one present at the examination but supposed that the pus had been there, from the appearance of the abscess, for at least one year; still, this man, up to within three weeks of his death, was able to attend to business, and was passed, after a careful examination by a competent physician, for life insurance. The case, to his mind, illustrates the difficulty in diagnosing brain diseases.

\* *Dr. Muscroft* reported a case of a little boy who had received a hurt on the head while playing. The patient had symptoms of typhoid fever, with a very offensive discharge from the nose. He had no doubt the discharge came from the brain.

*Dr. Holdt* reported a case of acute occlusion of the intestine. The patient was a muscular man of 27 years. Saw him first at 7 p. m., when he complained of severe abdominal pain. His pulse was but little accelerated. On examining the abdomen, no prominent point could be seen; there was no tenderness on pressure or percussion. Regarded the case as one of severe colic only, probably occasioned by drinking stale beer, as the patient had drank several glasses during the day. Was called again to see him at 12 the same night, and found the symptoms of collapse—a weak, frequent pulse and cold surface. Ascertained that he had vomited since the previous visit. No flatus had passed per anum. On examining the abdomen, now found it distended, and could trace out the transverse colon through the abdominal walls. Was at this time enabled to diagnose occlusion of the intestines. Ordered morphia to be given, and warm compresses to the abdomen. The morphia was vomited at once. On the following morning the patient was taken to the hospital. He now had constant eructations, a fetid breath, and a weak and rapid but not feverish pulse. *Dr. Comegys* was now consulted, and he agreed in the diagnosis. The question now was as to treatment, thinking that the occlusion might be due to impacted feces. Two drops of croton oil were administered; they were vomited almost immediately. On the second day of the disease, commenced treatment with large doses of opii, and passed a tube for a distance of two feet up the colon, and injected a considerable amount of water into the bowel. No feces were brought away by this procedure, and no flatus passed per anum. The warm fomentations mentioned as having been used upon the abdomen, were discontinued after the first twenty-four hours, and ice compresses substituted. The treatment was continued, and on the fifth day of the disease fecal matter passed per anum. The speaker had seen many of these cases of intestinal obstruction. They were especially frequent in Russia, where there were one hundred and ninety days of fast observed in the year, the food consisting during this period of sour beer, cabbage, gruel, etc. In consequence of this diet, distention and lengthening of the intestines occurred, and this predisposed to obstruction. *Hyrth* experimented with two kittens of the same litter, one of

which he fed only on meat, and the other on vegetables only ; and at the end of a year found two inches more lengthening of the intestine had occurred in the one fed on vegetable diet exclusively than in the one fed on meat only. A friend of the speaker had experimented by making an artificial occlusion in hogs, and then, as a means of cure, had detached a portion of the distended bowel from its mesentery, above the occluded portion, then dividing it transversely had implanted it upon a portion of the collapsed intestine below the occlusion, so as to have an obstructed bowel. Pirigoff had cut out the obstructed portion of bowel, and then united the cut end of sound intestine, thus producing a cure. As to the pathology of occlusion : If, in people of strong abdominal muscles, there occurred an abdominal fixation of a portion of bowel, the portion above would acquire increased peristalsis. If now the abdominal muscles acted strongly on the intestines, an obstruction would easily occur. Twisting of the bowels occurs principally when the mesentery is of abnormal length. A frequent method of its occurrence in Russia consisted of a turning of a fold of intestine upon its mesenteric attachment, the mesentery turning with it. Several such twists occurring, obstruction is inevitable. Tüngel, of Hamburg, and Nelaton had operated for the relief of this condition, by making an incision of not more than one inch in extent about one and one-half inches above Poupart's ligament, in the right side of the abdomen, and established an artificial anus. They found by operations upon the dead subject, and subsequent dissection, that their opening was made in a portion of bowel very near to the ileo-cæcal valve. The artificial anus would close when the necessity for its existence had ceased.

*Dr. Muscroft* reported a case of gunshot wound of the head in a young man who attempted suicide. A pistol-ball had entered at the articulation at the lower jaw on the right side, and passed toward the center of the cranium in a direction upward and a little backward, as shown by a probe, which passed in two inches, where it touched a hard substance, which may have been bone. He saw the man about 8 P. M., an half-hour after the receipt of the wound. He was then partially sensible, could be made to answer questions, being stupid, however, when let alone. The pupils were much contracted ; observed the pupils particularly for indications of internal knowledge, expecting them to be dilated in case there was intra-cranial extravasation. The pulse at first was nat-



ural, in frequency 70 or 80 per minute, but soon fell to 60. Saw him again at midnight; the pupils were still contracted, but the right seemed a little larger than the left; pulse ranging from 50 to 60. Saw him again at 9 the next morning, and found the pupils of natural size, and the patient conscious. He had vomited during the night; he complained now of much pain in his head. There was no paralysis at any time. He had taken no narcotic, but was probably under the influence of liquor at the time of the wound. Did not see him again, as he passed into other hands. The ball entered either the brain, or passed under the base of the skull. From experiments made subsequently upon a skull, concluded that the ball entered into the lower portion of the cerebrum. The speaker commented upon the difficulty of diagnosis in cases where injuries were received while the subject was intoxicated, and in this connection related a case of injury in a man brought into St. Mary's Hospital. When he saw him, his eyes were blackened and face bruised; pupils contracted to a pin's point. He was in a profound sleep, but without stertor. Remarkd to the attendants that the man was drunk. In a few hours he recovered perfectly, proving the diagnosis to have been correct.

*Dr. Carson* reported a case of puerperal septicemia, which he saw ten days ago, two weeks after her delivery. There was immense distention of the abdomen; there was also consolidation of the right lung. Respirations were 50, and very labored; pulse, 140. The case seemed to be beyond relief. *Dr. Walker*, who was associated with him, proposed a puncture of the abdomen to relieve the distention. This was done, with a small trocar, in the median line, about one inch below the umbilicus. The intestine could not be mapped out through the abdominal wall, but there seemed to be a slight obstruction at the point of puncture. The distention and breathing were much relieved; the pulse remained unchanged; the patient lived a day and a half after the operation.

*Dr. Walker* said that the distention reappeared in a few hours. He would favor a like proceeding in a similar case. There was no tenderness over the abdomen in this case. Churchill mentions such cases.

## Correspondence.

*Editor Lancet and Observer:* On the first day of December, 1871, I was called to deliver Mrs. Friedli, a Switzer by birth, twenty-four years of age. After a quite natural labor I delivered her of a child, which I pronounced to be a female, though I discovered directly that in the upper commissure of the labiæ majores there was imbedded a body much larger than common. I took it to be a much enlarged clitoris, though such a malformation is very uncommon, the very large anatomical museum at Berlin having about a dozen of these preparations. Not wishing to disturb the mother, I left without saying a word. The next day they sent for me again, stating that the child could not pass its urine. I went there and examined now closely. I found between the labiæ majores imbedded a small penis without a prepuce, the same bound down by muscular fibers, reaching the glans, which was free, but without opening; yet at the place where the latter ought to have been, a small and somewhat bluish spot was found. I lifted the glans up and found the female urethra, and below it no vagina, but mucous membrane down to the lower commissure of the labiæ majores, with no trace of a scrotum. I introduced a small catheter in the female urethra, and drew off about two ounces of urine and left. The next day they sent me word that the child could make its water freely, and was well. About two weeks later I passed by the house accidentally, and thought to look again after the child. I told its mother to bring it to the light; and after she had removed the clothes, the first thing we saw it passed water by the penis. I considered it now a male child, and that the testicles would later pass down into the labiæ majores and form a kind of scrotum. I told its mother so, who began to cry, exclaiming that for two weeks they had considered it a girl, and now it had at once become a boy. The above-mentioned bluish spot had only been a membrane, and had ruptured. After leaving and passing the next house, the landlady came out and told me that next February she would send for me, but that she wanted me to do better work than that. I considered this malformation, perhaps, unique in all Christendom, and informed several physicians of the city of the case, but had only the opportunity to show it to Dr. Prtsh, who examined it closely with me. The child remained poor and weakly, and died January 19, 1872, in a spasm.

If you think the above case interesting enough, have it published in some medical paper.

Respectfully,

OTTO ZIREKEL, M. D.

## Selections.

*Malingering Extraordinary.*—An instance of feigned disease, which, as regards skill in simulation and successful execution, may be considered unique, has recently transpired in London and is reported at length in the *Lancet* for February 17th. The subject was a well-educated and intelligent man of 43. He usually assumed the rôle of a physician, and generally gave a straightforward history of his case for the time being and of his social antecedents. On one occasion his reputed relationship to Dr. Marshall Hall passed unchallenged. He successfully duped eleven of the hospital surgeons and physicians in London, some of them men of eminence. His object in carrying out the deception was never discovered. He passed successively from one hospital to another, remaining sometimes till he was pronounced convalescent, at other times taking sudden leave when suspicion appeared to be aroused to a degree too unpleasant.

His success at simulating was confined to the graver nervous affections, a department of pathology one would think ill adapted to malingering. He was treated for tetanus, for hemiplegia, and for ingravescient apoplexy, and his imitations of symptoms were so perfect as to entirely blind his medical attendants. He learned at one hospital points in his disease to be improved upon at the next; his tongue was at one time protruded too straight to conform to the paralytic condition he otherwise presented so well; at the next stopping place the lingual deviation was correctly assumed. At one time he suffered from traumatic tetanus, but the surgeons could find no cicatrix about the scalp to recall the alleged fall of forty feet some years before; the next time he has tetanus there is a distinct scar. His temperature arose once to 102° Fahr., as it should; it was some time subsequently discovered that he had slyly placed the thermometer bulb near the candle flame when it should have been in his axilla. His first attempts at opisthotonos were wanting in rigidity of the abdominal muscles; he profited by the suggestion, and at the next hospital his tetanus was attended with spasms which made his abdominal muscles "as hard as boards." Night or day, he never forgot to carry out the simulated



symptoms. In one hospital he had tetanus for ten days, and although a carbuncle, *which he did not feign*, came on the back of the neck and was freely opened without an anæsthetic, the tetanic opisthotonos was not meantime neglected. Treatment did not discourage him, and the variety of therapeutics to which he was subjected was heroic and was heroically endured. Opium and morphia were administered by the stomach and the rectum and under the skin. Calabar bean, belladonna, bromide and iodide of potassium, chloroform and hydrate of chloral were given in enormous doses to control his paroxysms. Ice-bags and ether-spray to the spine was also duly tried. He was watched with at night by diligent students enthusiastic to study the natural process of tetanus; he was made the subject of a clinical lecture on "arachnoid hemorrhage" before a medical class; and the notes of his case in the hospital case-books were always voluminous as the urgency of his disease appeared to demand.

Perhaps the one thing which, with the patient himself, acted as an offset for the severe treatment to which he was subjected was the sympathy which his misfortunes always elicited. A medical man, attacked with such grave disease, generally without warning and in the street, and brought to the hospital in a helpless state, called forth special commiseration; he was given good quarters; usually a private ward, and good food and stimulants were not withheld. On one occasion he was believed to be incurable; a solicitor was sent for, and the pseudo-doctor made his will, bequeathing a handsome sum to the assistant-physician and to the hospital; this thoughtfulness on his part resulted in special comforts from the hospital authorities, including the best of wines and of food.

The period of this arch impostor's performances extended over nearly four years, and under his successive aliases comprised such hospitals as St. Bartholomew's, Middlesex, and St. George's.

The *Lancet* remarks editorially on this case: "How many hospital statistical tables he must have falsified in his time! What a godsend such a patient would prove to the man with a firm faith in some new theory of disease and bran-new remedy for its cure!"

## Editorial.

*Singular Death from a Seidlitz Powder—Supposed Carelessness of a Druggist.*—One evening in the latter part of March, a young man called at the drug store of Mr. Lytle, corner of Fifth and Vine streets, in this city, and obtained two Seidlitz powders. Shortly afterward he proposed to his room-mate that each take a dose, which they did. During the night both young men were taken seriously ill, with, as it subsequently proved, symptoms of poisoning—great pain, gastric distress, etc.—and one of the young men died the next day.

A post-mortem examination was had, and the stomach, its contents, a part of the liver and gall-bladder, pieces of the heart, and a portion of the duodenum, were placed in the hands of our reliable friend, Mr. A. Fennel, for analysis. Mr. Fennel, in due time, reported arsenic as the cause of death, and we copy in full the notes he has kindly furnished us:

“NOTES ABOUT THE GREENFIELD POISONING CASE.

“The post-mortem examination was made by Dr. O. E. Davis on the 27th of March, at the residence of the deceased, 195 Central avenue. The stomach and contents, the gall-bladder, and pieces of liver, heart, and duodenum, were then and there given to me by Dr. Davis, in whose presence I opened the stomach. The contents of it were found to be a dark-reddish, viscid fluid, in which, after a while, a precipitate of mucous membrane settled down. The inside of the stomach was highly inflamed, and no remnants of any kind of food were to be found. The total weight of the contents was 39 ounces; that of the other parts, the stomach itself included, 9 $\frac{3}{8}$  ounces. My examination extended to two-thirds of the matter received (while the remaining third is still in my possession), and from it I obtained 9 57-100 grains of sulphide of arsenic, which corresponds to 7 70-100 grains of arsenious acid, or 5 84-100 grains of metallic arsenic. Part of the sulphide I used in producing rings of metallic arsenic by two different methods, one by decomposing the sulphide of arsenic by cyanide of potassium, the other by Marsh's well-known process. The balance of the sulphide I have yet on hand.”

Upon this report, the coroner's jury made the verdict accordingly, but, in our judgment, went out of their way to censure the drug clerk, Mr. Kissell, as having, by mistake, dispensed arsenic in preparing the powders, of which there does not appear to be any evidence; on the contrary, the package containing the Seidlitz mixture has been carefully analyzed, and exhibits no trace of arsenic; and we have every assurance from all persons familiar with Mr. Lytle's store, that arsenic was *purposely* placed at so distant and inconvenient a relation to the dispensing case, that any such mistake would have been simply impossible. The verdict of the jury, therefore, in this respect, was not only absurd but criminal.

*Toner's Medical Register and Directory of the United States.*—We have heretofore noticed that this *Register* is to be published as soon as possible by Dr. Butler, of Philadelphia. We have received specimen pages of the character and style of the work, from which it is evident that a vast amount of information as to physicians, medical colleges, hospitals, etc., in the United States, will be given. If we have any suggestion to offer it is, that for many purposes of reference, the list of physicians should not only be given alphabetically, but by States. We also, thus far, fail to note any designation of regular and irregular. Physicians all over the country will do a good service by communicating information to Dr. Butler as to names, address, graduation, rank, etc., of physicians, so as to render the *Register* at once as complete as possible.

*Mr. James Campbell*, publisher of the *Gynecological Journal*, of Boston, has issued a neat catalogue of second-hand and other valuable medical books, which he has on sale. Purchasers will do well to send for a copy.

*Dr. Cleland*, of Kewanna, Ind., reports *cerebro-spinal meningitis* as prevailing in a very malignant form in Fulton and adjacent counties of that State, "its ravages being almost equal to the cholera."

*Sugar-Coated Pills and Granules.*—We see no preparations of this class more elegant than those made by Wm. R. Warner & Co., of Philadelphia. Mr. Warner has long been engaged in the manufacture of pills and granules, and our friends will find whatever he makes not only satisfactory in appearance, but perfectly reliable.



The following note from the Secretary of the State Society sufficiently explains itself:

"OHIO STATE MEDICAL SOCIETY, SECRETARY'S OFFICE, }  
 "FAYETTEVILLE, BROWN COUNTY, OHIO, April 20, 1872. }

"Prof. E. B. Stevens, Cincinnati—My Dear Doctor: Please announce in the *Lancet and Observer* that the *Twenty-seventh Annual Meeting* of the Ohio State Medical Society will be held in the city of Portsmouth, Ohio, on the second Tuesday in June, 1872. Further announcements by circular letter will be issued to the members by me as usual.

Very truly yours,

"W. C. HALL, Sec'y."

We have also received from Dr. Hadlock, Assistant Secretary and Chairman of the Publication Committee, a note to the following effect:

"Committees appointed at the last meeting are expected to report promptly, and are urgently requested to have their reports complete to hand directly to the Publication Committee.

"The Publication Committee has heretofore experienced great difficulty, and been not a little delayed in its work of getting out the Transactions, by members withholding papers from the committee. If papers are held for rewriting or revision, there is always a vexatious delay."

*City Hospital.*—Mr. B. F. Brannan is re-elected a member of the Board of Trustees of the Hospital. We have not always agreed with Mr. Brannan in his ideas of the clinical management of this great trust; but all will agree as to his energy, and we shall trust that in the future his views may be so far modified by a protracted experience, that all will unite in ascriptions of wisdom as well as efficiency.

*Health Officer.*—We are pleased to notice that the new Board of Health of this city has wisely re-elected Dr. Wm. Clendenin health officer. Dr. Clendenin has been a faithful officer, always on the alert for whatever threatens the health or safety of the city—not to be corrupted; and this re-election does the board great credit.

*The Pharmacy Bill* has been reported favorably from the Health Committee of the Assembly. Dr. Loughran, of Kingston, the Chairman of that Committee, we are happy to say, was one of the principal means to that end.—*Medical Record, New York.*

*Graduating Classes.*—Since our last we note the following :

*Medical Department University of Pennsylvania.*—The commencement exercises were held March 12th, with 83 graduates.

*Medical Department University of Michigan.*—Commencement exercises March 27th, with 82 graduates. Prof. A. B. Crosby delivered the valedictory charge.

*University Medical College, N. Y.*—Dr. Joseph W. Howe has been appointed clinical Professor of Surgery; Dr. Henry S. Hewit, Professor of Clinical Surgery; Dr. Arnold, Professor of Pathological Anatomy; and Dr. Kammerer, Professor of Diseases of Women and Children, vice Dr. F. D. Lente, resigned.

*To Subscribers.*—The increase in our list since the commencement of the year has been such as to entirely exhaust the January number. New subscribers will therefore begin with February. We take this occasion to request an early remittance from all those in arrears.

*Alfred C. Garratt*, of Boston, introduces his *electric disc* in this number of our advertising department. He is indorsed by the best men.

*Bellevue Hospital Medical College.*—The following changes have lately been made in the Faculty: Prof. Stephen Smith has resigned the chair of Descriptive and Comparative Anatomy and Clinical Surgery. Prof. B. W. McCready has resigned the chair of Materia Medica and Therapeutics and Clinical Medicine, and has been appointed Emeritus Professor of Materia Medica and Therapeutics and Professor of Clinical Medicine. Prof. A. B. Crosby has been appointed Professor of General, Descriptive, and Surgical Anatomy. Prof. Wm. A. Hammond has been appointed Professor of Materia Medica and Therapeutics, Diseases of the Mind and Nervous System, and Clinical Medicine. Prof. Hammond will continue his lectures and clinics on Diseases of the Mind and Nervous System as heretofore, lecturing also upon Materia Medica and Therapeutics. Dr. E. G. Janeway has been appointed Professor of Pathological and Practical Anatomy. As Professor of Pathological Anatomy, he will deliver in the regular session a course of lectures on that subject. As Professor of Practical Anatomy, he will perform the duties of Demonstrator of Anatomy. Dr. E. L. Keyes, formerly Lecturer on Dermatology, has been appointed Professor of Dermatology. Prof. A. B. Mott has been transferred from the chair of Surgical Anatomy, with Operative and Clinical Surgery, to the chair of Clinical and Operative Surgery. Prof. Mott will relinquish his didactic lectures on Surgical Anatomy, and will hold a Surgical Clinic at the college throughout the year.

## Reviews and Notices.

*A Practical Treatise on the Diseases of Women.* By T. GAILLARD THOMAS, M. D., Professor of Obstetrics, etc., in the College of Physicians and Surgeons, New York.

For some time those of our profession particularly interested in gynecological matters have anticipated a new edition of Prof. Thomas' book. Even before we expected we received the copy, and very heartily indorse the improvements which appear. We are free to say, however, that, as already expressed, we regard Dr. Thomas the best American authority on diseases of women. Several others have written, and written well, but none have so clearly and carefully arranged their text and instruction as Dr. Thomas.

In the present edition a few new terms appear: thus, *areolar hyperplasia*, instead of chronic metritis. Whether this is any improvement, or suggestive of clearer idea, we are not yet prepared to say; we think not.

Heretofore we have said so much of the good features of this work that we abridge very briefly now.

For sale by Robert Clarke & Co. Price, \$6.

*Physiology of the Soul and Instinct, as distinguished from Materialism.* By MARTYN PAINE, M. D., LL. D., Professor, etc. New York: Harper Bros., 1872.

There is perhaps no man in the history of American medicine who has so conscientiously devoted himself to truth and truthful medicine as Prof. Paine. He is a scholar in the fullest and completest sense of the expression, and whatever he presents to our notice is worthy of careful attention. In this age, when materialism battles with the spiritual, we must strive for the medium truth.

The volume before us grows out of a discourse delivered many years ago by Prof. Paine. The discourse has grown to a full-sized book, and any of our friends who wish to study the careful, conservative notions of the mature thinkers will do well to purchase this book. We merely add, the discussions are not merely metaphysic, but we have careful disquisitions on Pantheism, Creation,



and the Flood; the Antiquity of Man; the Antiquity of the Earth; together with many other topics of great interest to the careful study of truth.

For sale by Robert Clarke & Co. Price, \$5.

*A Clinical Manual of the Diseases of the Ear.* By LAURENCE TURNBULL, M. D.

The diseases of the ear are proverbially obscure; whether this is necessary or accidental we are not now prepared to say. But at any rate, the book of Dr. Turnbull will be of great service to all students who desire to make diseases of the ear their special study. In the edition before us, they will find not only a careful review of the whole subject, but many convenient aids. Thus we have afforded us several excellent lithographic prints, together with a large number of most excellent wood-cut illustrations of the topics. Take it altogether, we think our readers can not do better than place a copy of Turnbull in their library for reference.

For sale by Robert Clarke & Co. Price, \$5.

*Earth a Topical Application in Surgery.* By ADINELL HEWSON, M. D., one of the attending surgeons to the Pennsylvania Hospital, with four photo-relief illustrations. Philadelphia: Lindsay & Blakiston, 1872.

Says Dr. Hewson: "The following pages contain the results of clinical work done nearly three years ago, which have been delayed in their publication until now, for the double purpose of weighing them by subsequent experience, and of interpreting their meaning by a careful study of the various subjects which they involve."

To give even a clear synopsis of this little book would almost involve the necessity of its reprint. The author seems to have had his attention directed to the probable value of dry earth as a dressing in surgery, from the reports of the "earth closet," say as early as the beginning of 1869; and the details of his first application of the suggestion in the wards of the Pennsylvania Hospital are as instructive as interesting. Quite a number of interesting cases are reported in full, and four of these are beautifully illustrated by very accurate photo engravings.

In his subsequent comments, Dr. H. dwells on the effects of earth, in the control of pain, as a deodorizer, in its influence over inflammation, putrefaction, and the healing process.

If these experiences should be only realized or confirmed in a very limited degree, the matter will prove of very great interest to surgeons, and the general practitioner as well.

For sale by Robert Clarke & Co. Price, \$2.50.

*Stimulants and Narcotics.*—Dr. George M. Beard is the author of a very exhaustive little monograph on this interesting field, with reference to its medical, philosophical, and moral aspects. It embraces a notice of those articles chiefly used as stimulants and narcotics. The influence of race, climate, etc., upon the question, together with the drinking habits of various nations of the globe. Dr. Beard shows that while some form of alcoholic drinks are used in every part of the world, and in the greatest extent and variety by those nations now leading modern civilization, yet the better classes of Americans are more temperate than any other civilized people. The matters of the whole monograph are peculiarly interesting to those seriously engaged in the study of social evils, and all will do well to read it.

For sale by Robert Clarke & Co. Price, 50 cents.

*Parasites.* By B. JOY JEFFRIES, A. M., M. D., Fellow of the Massachusetts Medical Society, etc., etc. Boston: Alexander Moore, 1872.

Dr. Jeffries has furnished a very interesting little monogram, treating of the animal and vegetable parasites of the human skin and the human hair. The various pediculi, with their nits, the itch-grub, several vegetable parasites, together with their natural history, effects, and mode of destruction, are given briefly, but with sufficient detail to make the reader scratch for a week. These various parasites are illustrated with microscopic drawings. Price, \$1.

*Iowa State Medical Society.*—We are under obligations to Dr. A. G. Field for a copy of the Transactions of this Society, containing the Reports and Transactions for the years 1869, 1870, and 1871. The volume, thus representing the work of three years, contains a large number of valuable papers, and necessarily is quite of full size. The Twentieth Annual Meeting will be held June 26, 1872, in the city of Des Moines. Dr. A. G. Field is President, and Dr. Geo. P. Hanawalt, Secretary.

## Obituary.

*Death of Dr. L. M. Rogers.*—We are pained to announce the death of Dr. L. M. Rogers, of this city, which occurred Tuesday evening, April 16th, at ten o'clock, at his residence in the old Seventeenth ward. The doctor was attacked with pneumonia on Saturday, and suffered much pain, but visited his patients on Sunday as usual, though suffering greatly. Upon going home in the evening he prescribed an opiate in full and repeated doses, to counteract the great pain he suffered. But, unfortunately, before aid was summoned he was fully narcotized. Drs. Jones and Langdon did everything possible, without much relief, and death resulted.

Dr. Rogers was a gentleman highly respected as a citizen and physician. He leaves a widow and several children. He has been in the constant practice of his profession in the neighborhood of his late residence for over twenty-five years. His loss will be greatly felt in that section of the city, and by a large circle of relatives and friends.

*Dr. Zina Pitcher*, one of the oldest physicians of Detroit, died in that city April 5th, ult.

*Prof. Samuel Jackson*, Emeritus Professor in the Medical Department of the University of Pennsylvania, died in Philadelphia April 5th, aged 85.

*Prof. Wm. Henry Dickson*, Professor Principles and Practice of Medicine in Jefferson Medical College, died in Philadelphia, March 31st.



THE CINCINNATI

# LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

*Dr. Hays*

VOL. XV.—JUNE, 1872—No. 6.

---

## Original Communications.

### *Art. I.—Notes on Syphilis.*

Read before the Cincinnati Academy of Medicine, by Dr. T. H. KEARNEY,  
Surgeon to the Cincinnati Hospital.

If a wide-spread existence, multiformity of its manifestations, uncertainty in its course, and often difficulty in its diagnosis and treatment, give interest to a disease, then it may certainly be claimed for syphilis that it is one of, if not *the* most interesting disease in the whole nosological list.

Considering, furthermore, that it may affect any organ or tissue of the body, and may manifest itself at any period of Man's existence, from the moment of his birth to the most advanced age, it belongs, not to any one specialty, but to all departments of medicine. Though in its earlier stages it is commonly regarded as a surgical disease, yet, as it may manifest itself in any organ or part, in its more advanced periods, this pathological ubiquity should entitle it to an universal interest. Presuming the members of the Academy generally take such interest in the subject, I beg their attention to certain points, some of which, at least, must be regarded as still *sub judice*, and therefore the more interesting.

And, in the first place, as to the much disputed question of the

existence of one virus only, or more than one, capable, by inoculation, of producing specific ulcers—in other, and familiar words, as to the *unity* or *duality* of the contagious venereal poisons.

It may be permitted here to call attention to a not very uncommon looseness of language in such an expression as the unity or duality of syphilis. For, since the explosion of Carmichael's theories, the belief in different varieties of syphilis has not been entertained—at least, not with any prominence. The doctrine of the dualists, speaking generally, is that two different viri exist, each capable of inoculation, but differing in the important particular that one is capable of producing a local disease only, whereas the other inevitably infects the general system, giving rise to the disease syphilis. The very fact that syphilographers of vast experience and ability differ on this question, is proof conclusive of the difficulty of its solution. However, at the present time, the weight of authority is decidedly on the side of the dual theory. Nevertheless, with such names as those of Hebra of Vienna, and Cullerier and Langlebert of Paris, with many others of high respectability, all over the world, in opposition, good taste will hardly justify the too dogmatic enunciation of the dual theory.

The term duality is, again, applied in a modified sense to indicate two forms or varieties of sores, but not two distinct poisons as their causes. For certain syphilographers regard the soft sore as truly syphilitic in its origin, but modified by circumstances. On this point, Dr. Morgan, of Dublin, has written a good deal within a year or two past. His conclusions are, in his own words: "The ordinary soft, non-infecting type of sore in the male is the product of inoculation from a secondary lesion, and specially from the vaginal secretions of infected females." This, however, is only a repetition of the views put forward by Clerc twenty years ago.

Morgan's experiments and observations were made, probably exclusively, on prostitutes, and are therefore peculiarly open to error. For, bearing in mind the many and various sources of disease which promiscuous intercourse exposes this class to, and the great difficulty of thoroughly exploring all the surfaces which are liable to be the seat of disease, it will be readily seen how uncertain the composition and source of their vaginal discharges may be. Hence, we feel justified in regarding Mr. Morgan's theories as of very doubtful value.

The external, or apparent characteristics of the various forms of sore, present a question of much interest and importance in a

diagnostic point of view, as well as in relation to that of their pathological nature. Indeed, this latter question seems, in the estimation of some, to hinge on the physical characters of the sores exclusively. Hence the not unfrequent denial, on the part of opponents of the dual doctrine, of the possibility of distinguishing between the infecting and the non-infecting varieties of sores. And this objection seems to be regarded by some as an unanswerable argument against the duality of pathological causes. But such an assumption is not at all warranted. For the most earnest dualists admit the frequent difficulty in determining the character of a sore from the appearances of that sore alone. For example, the committee appointed by the British Parliament, a few years since, to report on the venereal diseases in the army and navy, pronounce the following opinion on this point: "Whether a given local affection will result in syphilis can not be known with certainty until the constitution is actually involved" (p. 6). Again: "Certain it is, that no amount of experience can protect us from occasional error in diagnosis. Hard sores do not necessarily contaminate the constitution; while, on the other hand, constitutional symptoms occasionally follow the presence of a sore which might have been regarded as a simple local sore by a practiced observer" (p. 9). And yet the committee are distinct in the expression of their belief in the theory of a duality of poisons. This is their language: "Presuming the local sore, therefore, to belong to a different class of disease, if it be placed in juxtaposition with any of the varieties of the syphilitic sore, the committee have no alternative but to express their belief in the non-identity of the two poisons" (p. 19). In speaking of the various lesions liable to affect the genital organs, Mr. Henry Lee expresses himself in these words: "Although many may prove to be local affections merely, *you can not tell what any one of them may become.*" Indeed, modern syphilographers in general make similar frank admissions; so it is a mistake to suppose that the dualists claim that the two varieties are marked by characteristics which always absolutely distinguish them.

The whole subject, however, as already intimated, must be considered as yet unsettled; and the indications afforded by the most recently published views show a tendency to waver on the part of some who have been among the most determined of dualists. Even Dr. Bumstead, in his last edition, very distinctly qualifies his former views, as the following language will show: "It is well



known to the readers of the previous editions of this work, . . . that I have not admitted even the most remote connection between the chaneroid and true syphilis. I am not now prepared to say that I have been mistaken in this matter, but truth compels me to lay before my readers certain facts, verified within the last few years, which, to say the least, render M. Clerc's views less improbable than they at first appeared." The facts which stagger Bumstead's faith are the results observed in three cases under the care of a physician of Christiania. In these three cases, reputed free from syphilitic taint themselves, inoculations were performed with matter from artificial sores on syphilitic subjects—these latter sores having been produced by inoculation of matter from true syphilitic lesions. The results in the three non-syphilitic subjects were the production of sores having all the characteristics of the chaneroid, and without the development of any subsequent constitutional symptom. This is the key to the whole question, and were these observations above all suspicion as to their accuracy, the results would, of course, be absolutely conclusive. But they are not beyond criticism, and for the following reasons: The subjects of these experiments were themselves prostitutes, and therefore their entire freedom from syphilitic taint can not be absolutely asserted, as a previous mild attack of the disease might have occurred without their knowledge of it. In the second place, two of them, at least, may have been insusceptible to syphilitic infection, through idiosyncrasy, as is frequently observed in regard to the vaccine disease, small-pox itself, and other blood diseases. In the third patient, however, syphilis was afterward contracted in the usual way, and developed in its constitutional forms. And, in the third place, the experiments having been performed by the patients themselves, there is room for doubt on the question of veracity. That practice which has received the name of syphilization, if not giving any very brilliant therapeutic results, has at least led to the correction of one error, namely, the belief in the non-inoculability of syphilitic sores on the persons of the patients bearing them. Therefore, in contrasting the two forms of sore, it is no longer correct to describe the one as auto-inoculable, and the other non-inoculable.

As is well known, John Hunter was a "unicist" and much more, as he held the opinion that not only all venereal sores, but also gonorrhea, were the product of the same poison. Though his views on this point were set aside long ago, yet, at the present

time, certain authorities have revived them in a modified form. Dr. Hammond, of New York, believes in the existence of a form of gonorrhea which is truly syphilitic in its nature; and the late Langston Parker, of Birmingham, entertained a similar opinion. Mr. Henry Lee, while not decided on this point, yet inclines very manifestly toward concurrence. At the present time I have under my observation, in the Cincinnati Hospital, a patient whose case I am strongly disposed to consider one of this character; though as yet there are no decided manifestations of constitutional symptoms, beyond the indolent multiple buboes.

The only other point I shall touch on in this paper is the subject of treatment, and in doing so will be very brief. Here, there is little difference of opinion as to remedies; the list of drugs used in the treatment of syphilis being limited to a very few articles.

Mercury is almost universally recommended for the earlier stages, and certain salts of iodine in the advanced, or tertiary period. As to when the administration of mercury should be commenced, is a point on which there is less unanimity; some giving it as soon as they are satisfied of the syphilitic nature of the initial lesion, while others defer its use until constitutional symptoms make their appearance. Among these latter is Mr. Hutchinson, of London, who claims there is nothing lost by the delay; and who even doubts the power of the drug to postpone the development of secondary symptoms, when administered in anticipation of their appearance. In this latter opinion he is probably alone; for very generally the authorities claim for the remedy the power of delaying the constitutional manifestations of the disease. I may here, again, refer to a case in point. It is that of a patient, at present in the hospital, who became the subject of a venereal sore toward the end of May, of last year, but who gave no distinct evidence of constitutional infection until the middle of March last, when a typical papulo-roseolar eruption appeared. I can not help ascribing the long postponement of the secondary in this case to a brief course of the bichloride of mercury, administered in August.

While, perhaps, all competent authorities agree in denying to mercury the power of neutralizing or eradicating the virus of syphilis from the system, and only credit it with the power of removing the manifestations of the disease present, the time when, and the extent to which it should be administered, are questions worthy of attention. In view of the evidence existing, I am of

the opinion that Mr. Hutchinson's practice is the correct one, and that the development of the disease in some one of its constitutional forms should be awaited before mercury is given. Occasional exceptional cases will present, requiring a deviation from this rule. Especially should this rule be adhered to in cases where any doubt exists as to the nature of the primary lesion; and I need hardly add that the use of the drug in cases of soft or non-infecting sore is altogether unjustifiable.

One chief reason for such practice is, that as the positive diagnosis of syphilis in its primary stage is so often impossible, a most perplexing doubt will often haunt the mind of both practitioner and patient, when a mercurial course has been commenced, as to when that course shall have been carried to the point of immunity from any future developments. Much better that the disease should be allowed to show itself in unmistakable form, and then attack it with specific treatment.

Lee dwells on the mode of administering a course of mercury, and particularly warns against an inefficient use of the article, which, he says, renders any subsequent development or relapse much more difficult of control than if no mercury had ever been given. That is to say, anything less than enough is worse than nothing at all.

As to the forms in which the mineral may be used, and the different modes of administration: Mercury is probably more frequently administered by the mouth than in any other way. The convenience and facility of its use in this way are obviously advantages that will be likely to perpetuate, more or less, this practice. The forms in which it is given are those of blue mass, bichloride, calomel, protoiodide, and hydrarg. cum creta. English practitioners seem to be specially partial to blue mass, while the French appear to give the preference to the protoiodide, which was first brought to their attention by their countryman, Biett. It seems to me probable that in this particular American practitioners more frequently follow the practice of the French than that of the English. The advocates of the endermic use of mercury claim decided superiority for that method over that by the mouth. A chief one is, that the remedy being introduced into the general circulation in the former method, and not into that of the portal system, the liver is spared the excessive and probably injurious effects which attend its ingestion. At the same time, intestinal irritation is avoided. The two chief methods of endermic administration are



by inunction of blue ointment, and the sublimation of some preparation, most frequently calomel, in the vapor of water. The former is generally the most practicable, as the calomel vapor bath requires special apparatus. Beside those methods, there is the hypodermic. This system, of comparatively recent introduction, does not seem to be gaining very fast in favor.

The only reference I shall make to the administration of iodide of potassium, is to notice the enormously large doses which have of late come into vogue, particularly, I think, among New York physicians. Dr. Henry, of that city, has recently reported a case of syphilitic dementia, treated successfully with quantities of the remedy varying from ninety to three hundred grains a day. It may be reasonably asked, can so much of the medicine be appropriated or utilized in the system? It seems doubtful.

---

*Art. II.—Surgical Reports.*

By J. L. WYLIE, M. D., Ripley, Ohio.

*Exsection of Tibia and Fibula.*—Charles S., a healthy lad, æt. 13, while following a mowing machine, was accidentally caught by the sickle, the same completely dividing the tibia and fibula, one inch above the tibio-astragaloid articulation. His parents, living some five miles distant, I obeyed the summons as quickly as possible, and found the patient quite depressed from the shock of the injury, as well as from quite a copious hemorrhage—the latter, however, having abated before my arrival. An examination revealed complete severance of the bones, and all the structures anterior to them. The exsected extremity of the tibia was so detached from its soft connections that it was deemed best to remove it, Dr. J. C. Winters concurring in the opinion. This I succeeded in accomplishing without difficulty. After thorough cleansing of the wound, its lips were approximated by the suture and retention aided by adhesive strips. The limb was placed upon a pillow, and water dressings applied. The foot was kept flexed upon the leg by means of adhesive strips, to counteract the action of the posterior muscles, especially the sural. Upon the establishment of the granulating process, the wound was medicated with carbolized lotions. During the progress of the case two or three

exfoliated osseous fragments were removed. No untoward symptoms were developed during the progress of recovery; and, to use the language of his father, "you would not now (after a lapse of eight or nine months) know which was the injured limb." During the progress of the case he used *tr. ferri mur. et quinia*, those inestimable agents in articular injuries, where septicemia and supuration are the most to be dreaded sequences. In the vast majority of cases of this nature, amputation would be looked upon as the *dernier* resort.

This case, however, demonstrates the efficiency of the conservative efforts of nature, when guided and guarded by conservatism in the attendant. The motion of the new joint is excellent, and the result of the case is but the addition of another triumph to conservative surgery.

*Vertical Dislocation of Patella.*—Mr. B., æt. about 25, healthy and of good muscular development, while lifting at a log upon a hillside, suddenly twisted the right foot outwardly, and fell instantly to the ground. I was sent for in haste, and found him suffering acute pain. The limb was in an extended position, although not straight. The flexion was probably at an angle of  $30^{\circ}$ . Very little swelling of the knee, which, no doubt, was owing to the thoughtful application of cold water until my arrival. The appearance of the knee was pathognomonic of the nature of the injury; the inner border of the patella resting between the condyles, its transverse axis looking anteriorly and posteriorly. The occurrence of this particular form of dislocation of the patella has been doubted, and even denied, by very distinguished surgeons, and there can be no doubt that it is a very rare form of injury. It is quite a difficult matter to explain satisfactorily the *modus operandi* of the efficient cause of the dislocation. It seems, however, to be produced mostly by a compound force, as the contraction of the rectus femoris conjoined with a rotation of the tibia upon the condyles of the femur. This form of dislocation is by far the most difficult of reduction, owing to the tense condition of the rectus, and also to the manner in which the edge of the patella is received into the subcondyloid fossa. After considerable effort, I succeeded in effecting reduction by means of flexion of the leg, and at the same time using pressure and counter-pressure against the internal and external borders of the dislocated bone. No inflammatory action supervened, which was, no doubt, owing to the assiduous application of cold water dressings.

*Art. III.—On Attempting Union by the First Intention in Major Amputations.*

By F. SEYMOUR, M. D.

It is astonishing to see and notice sometimes the steadiness and pertinacity with which we follow certain habits and ideas, without either disputing, on the one hand, or thinking of the propriety on the other, and blindly following the train of thought or action as the one or the other may be placed before us, becoming, as it were, creatures of imitation. Among the many things that have drawn its votaries in their track, the custom of bringing the flaps of an amputated limb together soon after the operation is, in my mind, a custom that has sacrificed more lives than any other surgical proceeding; and it is one that while it has many serious and fatal objections, has not one single fact or feature in its favor. Years ago this matter forced itself strongly upon my attention, and up to this time I have not found any reason to alter my views. Although we have had articles without number about blood poisoning, purulent absorption, purulent deposition, pyæmia, myelitis, etc., which ought to have opened our eyes long ago, yet we still keep on the even tenor of our way, suturing, strapping, and bandaging stumps, as if we *could* obtain union by the adhesive process or primary intention; and we do all we can *apparently* to confine the result of the inflammatory process, pus, and the products of metamorphosis of tissue, and then wonder at the results. In looking over the percentage of mortality from amputations of the middle and upper third of the thigh, for instance, we find the mortality to be eighty-five per cent. in military hospitals (I am quoting from memory); and it almost makes us think that the other fifteen per cent. are not cures but escapes. Now, would Dame Nature, or could she, have done much worse without the assistance of amputation? And looking at the aforesaid fearful rate of mortality, I consider it the duty of every surgeon and practitioner of medicine to endeavor, by all means in his power, however humble his station may be in the ranks of the *arte medendi*, to assist in the lessening of the fearful rate of mortality. As I have tried the matter largely, and have found the difference, I now state the results of my experience. In the army hospitals, while I continued the habit of sutures and strapping, with drainage, I lost the same



percentage as others; but after I kept the flaps apart until supuration had ceased, except the small amount from the granulating surface, and the swelling of the muscles had gone down, the mortality decreased to twelve to fifteen per cent.; I say twelve to fifteen per cent., although it was lower than that. When I determined to try this method, I performed the operation of amputation of the thigh in several cases in a military hospital, and but one died; he was a Confederate officer, who was sent to the prison hospital, and his flaps were brought together there. The matter upon which I am writing is known to several hospital surgeons who were with me, so it can be substantiated; and after I saw its success, I never allowed the flaps to be brought together in any amputation above the knee or elbow. But aside from this, let us look at the principles involved, and the impossibility of union by what is called the first intention, and then allow me to state the practice I adopted and the phenomena displayed by the amputated limb. If we consider in one case we have only a large incised wound, *whose surface we can see and examine at every point, and every hour notice any changes going on, and apply any local treatment where and how we please*, seeing the effects of our constitutional remedies, and having the wound itself as an index to the constitutional action under our immediate eye, is it not much better than to tie and bandage and trust to nature blindly for a certain train of curative action, which nature, without assistance, may not be equal to, and when we find symptoms arising that we can not always combat successfully, and the expression of which we must wait for, until in many cases it is too late?

And now let us see what this union by first intention is. Can amputated flaps be considered healed when joined or glued together by serum or lymph, or only when new granulated flesh springing from the wound coalesce together and vessels shoot into the parts, and the circulation becomes established and the parts organize? Now if we refer to authors on this matter, we find that as John Hunter taught that the immediate effect of suppuration is the leading step to the formation of new substances called granulations, which are a method of restoring the first order of parts to health, "Sir Astley Cooper, who gave immense attention to this matter, tells us that ten days is the shortest time that adhesive matter becomes organized, and that the new vessels are formed by the elongation of the vasa vasorum of the surrounding arteries,

which become dilated serpentine to the degree of vascularity, which will be in proportion to the part subjected to the adhesive process." Paget, in his Surgical Pathology, says: "A scar is always formed by the organization of the new matter, and the formation of lymph-cells is a process so indefinitely separated from that of pus-cells, that union by primary adhesion is much more likely to pass into suppuration than any process is in which no lymph is formed. Granulations will arise on all wounded surfaces that are left open to the air and are not allowed to dry. Exposure of the wound to the air is not prevented by any ordinary dressings. The air that is inclosed beneath them (dressings) appears to be quite enough to determine the differences of the events which follow open, subcutaneous injuries, unless the organic matter in it be destroyed or rendered innocuous by carbolic acid or some similar antiseptic substance. (Does not suppuration take place, to a certain extent, in any case carbolic acid is applied?) In the new edition, 1861, of Cooper's Surgical Dictionary, under the head of Adhesion, it is said, "The material by which adhesion is effected is the fibrin or coagulable lymph of the blood, which may be exuded there without inflammation, or in consequence of inflammation, which, when it stops short of and does not cause suppuration, is *erroneously* called the *adhesive inflammation*; but it is no use to multiply words or definitions, or use quotations. This fact is patent, that effusion of lymph or serum, or serous lymph or any other matter, can never produce ultimate and healthy adhesion by the formation of new matter, for they are only the products of the injury sustained, and the flaps of a man's thigh are not the sides of a wooden box to be glued together and expected to remain so. As before said, certain phenomena must take place, new matter must be deposited, and that organized physiologically before a cure can be effected; and to do that a certain time is necessary, and all the suturing, strapping, etc., in the world will not hasten, but in many instances retard it, even to death. Now to give the appearances of the flaps of an amputated thigh in it, advance to complete granulation. At the end of the first day, the muscles at the flaps around the edges become swollen and discolored, of a dark red, sometimes purple appearance; the surfaces swollen, glazed, and discolored and dry. At the end of the second day they become more swollen and discolored, and dry (and to one not used to seeing their appearance rather alarming). On the third day the surfaces crack, and a slight purulent oozing takes

place, and a white coating of lymph begins to make its appearance, which continues and covers the surface of the flaps like a grayish paint. About the fifth day, the swelling of the flaps begins to subside. On the sixth or seventh day, the surface of the flaps, or rather the coat of lymph, begins to be covered over or rather dotted with numerous red points very minute, which push through the lymph, and the surface becomes moist; the swelling of the muscles a great deal subsided. On the eighth day, the points of granulation are much enlarged, shooting through the coat of lymph, and the lymph itself slowly begins to part at different points and roll up. By the eleventh to twelfth day, it has become detached entirely, and the florid granulations cover the flaps, which are moist, of the natural size; the swelling of the muscles having subsided entirely, a very slight creamy, healthy pus covers the granulations, which is very slight in quantity. At this time I bring the flaps together, and I have had no trouble in getting union very promptly, and my case is well much sooner than the other way of bringing the flaps together, and rarely are there any symptoms requiring any treatment except warm or cold water to the surface of the flaps for the purpose of cleansing them. The patient generally requires no constitutional treatment, and you have no pyæmic symptoms, no purulent deposits, and, in general, no difficulty in the case. Let any surgeon try the keeping of the flap apart for the first ten or twelve days after an operation, and he will never bring them together again or permit them to be brought together, and I am sure he will find a much less per centum of mortality in his thigh amputations than ever he dreamed of. So sanguine am I on this matter that I consider it a direct dangerous matter to bring the flaps together soon after amputation of the thigh, endeavoring to obtain union by what is called first intention.

---

***Art. IV.—Demonstration of the Most Happy and Effective Use of Carbolic Acid by its Peculiar Application.***

By JOHN H. GRISCOM, M. D., New York City.

Having recently observed in a medical journal some consideration of the use of carbolic acid in the treatment of some diseases by its internal application, whereby it is noticed as somewhat



objectionable, it is a profound pleasure that I have occasion to give evidence of some very happy proof of the medical value thereof, with a different and peculiar organization of it. Its happy arrangement, thus referred to, has proved in several cases to be more agreeable than its internal administration, of which the demonstration will now be presented. There have occurred to me some very happy illustrations of its medicinal influence in an arrangement of it entitled *Carbolic Salve*. By the application thereof, in a few hours, to several inflammations and other afflictions of the skin, especially applied during the night when the patient is in bed, it has perfectly cured all said disorders; by its application, also, to the skin adjacent to some internal pains, in the head and other parts, it has produced the same happy effect, the carbolic acid being probably absorbed and rectifying the condition of the blood and nerves of the disordered parts. But the most happy and remarkable demonstration of its influence was its cure of a very sad case of copious hemorrhage from the bowels, which had occurred several times every day for more than two months, in an aged gentleman, and which other articles would not arrest, but an application of the Carbolic Salve to the end of the bowels on one night, which was retained till the morning; on that day the hemorrhage was greatly reduced, and its application in the next night produced a perfect suspension of the blood loss, the gentleman not having lost a drop of blood since that night. Its application to the skin has also cured several very painful sores in a short time, and it may be considered more effective than almost any other remedy for said troubles.

It is very hopeful that said happy article may be found in every drug store in the United States. It was originally created in that happy form by Mr. John E. Henry, a very intelligent druggist in this city, at No. 8 College Place, and from him any amount of it can probably be obtained. My last happy effect of it was the cure of a sad disorder of the *throat*, by its application to the neck, and a little amount applied at night in the mouth.

## Translations.

### *Aphasia.*

Par ADRIEN PROUST, *Professeur agrege a la Faculte de Medecine.* Translated from the "Archives Generales," by THOMAS C. MINOR, M. D.

The progress made during the last few years in the knowledge of cerebral diseases has only been accomplished by the analytical study of each phenomenon.

The work must still consist in dividing the too comprehensive morbid groups into which the different diseases have been placed, to the end of looking at their origin and their anatomical lesions. So long as this reasonable separation shall not be achieved, all new research will be fruitless, and the chaos will only be increased.

It is also necessary to point out precisely the value of each symptom, its name, and to distinguish it clearly from analogous symptoms. Such is the purpose I propose in this article, consecrated as it is to that particular alteration of language designated in these latter days by the name of *aphasia*.

I have from thence studied the symptom aphasia by itself, then I have attempted to separate from it the other troubles of the faculty of speech, and of fixing to the symptoms offering a different diagnostic and prognostic value from the different denominations.\*

*Manner of understanding aphasia ; limits of the subject ; how it is necessary to circumscribe it.*

I have observed at "La Charite" many patients affected by aphasia.

In one of the patients the aphasia was the only morbid phenom-

---

\* Some of the ideas set forth in this memoir had already been expressed at "La Charite," when I was ordered to take the place of Professor Bouillaud. These ideas had been collected by M. Audhoin, *chef de clinique de la Faculte*, a most distinguished man, who had unfortunately left Paris after the recent sad events. In expressing here my sympathetic regrets I am only interpreting the feeling of all my confreres.

enon observed, no other trouble obscured or complicated the alteration of language; aphasia was presented in all its simplicity, separated from intellectual lesions and from paralytic symptoms with which it is so often found associated, and which have been the cause of regrettable confusions.

The majority of physicians, in fact, observing complex cases, have drawn out under the name of *aphasia* a collection of symptoms of which some only merit this name.

Aphasia is not a disease, it is a symptom—a symptom which consists in a partial trouble of the faculty of expressing one's ideas.

Persons have associated other things with aphasia; they have made it a more complex condition; they have added motor troubles, intellectual troubles, etc.

I say that the domain of aphasia must be limited, as I have indicated, adding, also, that the lesion which produces aphasia may as well not produce this condition, and that often we see added to hemiplegia the different intellectual troubles, etc.

To the contrary, the aphasic state, such as has been described by Trousseau and others, is a mixture of different symptoms, incidentally united by the lesion. This mixture does not form a symptomatic unity that one could call aphasia. The same lesion, I repeat it, can produce simultaneously sensory, intellectual, and motor troubles, and affect a part of language. In its order each thing must be carefully distinguished, and aphasia must be defined, its domain circumscribed, as I have indicated.

*Causes of error; how to dissipate the obscurity which hovers about this question; physiological method; study of language; interior words and language properly speaking; language is natural or artificial.*

I have essayed to establish that:

1. The lesion that produces the symptom *aphasia* may produce other symptoms.
2. The reunion of these symptoms is not and can not be aphasia.
3. Aphasia is not an association of pathological phenomena, but a distinct and real symptom.

Its reality is incontestable, and whatever may be the idea that one has of it, clinically it is not difficult to recognize aphasia.

If I compare this symptom to those which other patients, attacked by general paralysis, labio-glosso-pharyngeal paralysis, etc., present, which all present troubles of speech, there is no confusion possible; aphasia is clearly distinguished.



But here rises a difficulty. It is created by the arbitrariness of definitions. We say, aphasia is entirely a trouble or an alteration of speech, whatever may be the cause of it. And aphasia ceases to be a symptom, a distinct state; it is no more than a word serving to classify a series of symptoms having for a common characteristic a trouble in articulating language.

This is the one error. Aphasia is not wholly a trouble of speech, and speech may be injured under a variety of circumstances, or surely there is not aphasia.

But the aphasic troubles do not impress articulated language only; physicians have noticed very quickly that aphasic patients not only have lost the use of words, but also that of writing, reading, etc. They have from thence extended the signification of the term *aphasia*.

Aphasia has from thence become the loss or the trouble of ability to express thought by an appropriate series of signs, that is to say, the trouble or the loss of a part of that faculty we call language, a more general term than the word speech. Speech is only one of the modes of language.

In order to continue, we may say that the word *aphasia* can not be applied indistinctly to all troubles of speech, and that it must not moreover be limited to a single trouble of speech.

This limitation of the domain of aphasia being accepted, the value of the word aphasia being indicated, it would seem that all difficulty had ceased; such is not the case.

Physicians, in fact, having omitted determining with care the physiological characteristics of the function which, injured, gives rise to aphasia, there has resulted in its pathology a regrettable indecision. It is this latter cause of error that I wish to clear up.

I see the only means to attain it is to study the physiological function before studying the pathological trouble, to establish clearly that which is only the language, and to utilize this notion for the history of the aphasia.

Far from the idea of entering into some obscure dissertation of metaphysics, I desire simply to prove some clear and evident facts.

*Thought; interior language; interior words.*

We perceive, following the expression of philosophers, by the *sens intime*, which bears also the name of *conscience*, all that which passes in us, feelings, emotions, wants, ideas, etc. In order to perceive these things, we have only the want of an intermediary means; there is nothing between the things to perceive and the

*sens intime.* We perceive directly and immediately that which passes in us. This mode of perception has been called by the name of *interior speech* or *interior language*.

May we perceive at the same time, that is to say, directly and immediately, that which passes in another man? Evidently not.

We should then be strangers to each other, doomed to know only ourselves; incapable of uniting ourselves; of communicating our thoughts, our sentiments; of making known our wants and the emotions which agitate us, if we were not endowed with a new and marvelous faculty.

With it intellectual facts take a new form; they fall under the observation of external senses; thought is expressed by a series of appropriate movements.

This expressive mode has received the name of *language*; the external movements which express the thought are called signs of language.

*Language, properly speaking.*

Language, then, consists in the power that we possess of giving to intellectual facts a form which renders them capable of being perceived, seized, observed by the external senses, touch, sight, hearing.

*Language is thought externally expressed.*

This power is expressed by attitudes, cries, articulated sounds, movements of the hands, etc.

The organism is arranged in such a manner as to permit the free development of this power when it becomes entirely the voice.

Its manifestations are multiple and varied; the body gives the movement, the pose, the attitude; the limbs give the gestures; the face; the play of the physiognomy; the larynx, the voice, the buccal apparatus, the speech, the hand, the writing, and its numerous varieties.

These expressive modes are associated together, or exist independently. From thence, when we wish to express thought, we choose and determine what parts are to be moved, and what signs are to be produced.

I resume, the thought is observed by the conscience and by the senses; by the conscience, which is the internal speech, or the interior language; by the senses, which is language, properly speaking.

Language, properly speaking, is distinguished by: 1. *Language of Action, or Natural Language*; 2. *Artificial Language*.

1. *Language of Action*.—All living beings possess natural language; every living being produces movements which betray his interior state. These movements become more manifest and intelligible as one is raised in the series of beings, and we come to understand by them that which is thought, that which is experienced, that which the superior animals wish.

Gratiolet has perfectly described these movements: "Give," says he, "to a small flesh-eating animal, a cat, for example, a savory and sweet liquid; see it advance slowly and smelling it with attention, its ears pricked up; its eyes largely opened, expressing desire; its tongue impatient, licking its lips, caressing and tasting in advance the desired object. It walks with precaution, the neck extended, but it takes possession of the sweetened liquid; its lips touch it; it tastes it; the object is no longer desired, it is possessed. The feeling that this object awakened has taken possession of the entire organism; the little cat then closes its eyes, it considers itself wholly penetrated by pleasure, it draws itself up in a knot, it arches its back, it trembles voluptuously, pleasure seems to inhabit all parts of its body, source of adorable joy; in order to enjoy it more, its head is thrown gently backward under its two shoulders. We feel that it seeks to forget the world, dreaming of it with indifference; to it the world is made of spicy odors, delightful tastes, and it incloses within itself a whole universe of happiness, with an altogether significant contrition."\*

Man, so possessed of natural language,† and such varied and movable expressions of his physiognomy, is sometimes as eloquent as speech itself. Observe, in effect, some of those beautiful lecturers whom we still find at the present day, but who were very common at the commencement of the present century. They read softly, bringing their book as closely as possible to their half-closed and merry twinkling eyes. In the meantime their nostrils, by certain movement, seemed to read certain passages, seemed to be intoxicated by celestial perfumes; but much more eloquent still were the movements of the mouth, the lips smiling lovingly, tasting with delight; laughing dimples played over the cheeks, expressing a continued and charmed attention; then after these

---

\*Gratiolet, *De la Physionomie*, p. 30.

†Natural language is not to be confounded with pantomime.



movements there followed a satisfactory swallow; we see from thence our reader throw his head back slightly, and the scene is terminated by a sigh, sometimes accompanied by a word from the tongue wholly insignificant. All that he does not say the reader charms, intoxicated at the same time by the savor of his style, ingredients of phrase, perfumes of expression.†

2. *Artificial Language*.—The language of action, in spite of its power, is not sufficient for man; one other faculty is necessary to him, that which gives to his thoughts their formula, their shades of meaning, their limits; and, in order to distinguish this new power of natural language, we must give to it the name of *artificial language*, not by reason of its intrinsic character, for it is as natural as the language of action, but only in taking into consideration the signs by which it expresses itself.

That which I have said of natural language can be likewise applied to artificial language.

In the meanwhile there is between the two languages a difference of manifestation. The external expression which constitutes the language of action is immutable and identical in each species. Artificial language has conventional signs, and consequently the exterior expression which it constitutes is essentially variable.

This difference of expression establishes a certain independence between the two languages. If one is deficient, it does not follow that the other must not exist.

The faculty that man possesses of creating expressive signs merits particular attention. It is the foundation of artificial language.

The faculty of understanding and retaining expressive signs and their value is not the less interesting to know. This power is very variable in one individual from another.

Artificial language is executed by the buccal apparatus and the hand.

The buccal apparatus produces speech.

The hand produces writing, in its numerous varieties, in the same manner as dactylology.

With artificial language a new intellectual element appears, useless in natural language.

The intelligence perceives clearly interior and exterior things; it forms *ideas*.

---

†Gratiolet, Soc. Cit., p. 45.

We give a name to ideas ; we also name the connection that we perceive between them. This is the origin of *words*.

When we wish to transmit our ideas we determine on them ; we choose the words, we collect them together, not in an arbitrary order, but in a logical order. The propositions are formed, they co-ordinate themselves, and the discourse is constructed.

This independence of the two languages, natural language and artificial language, so evident in physiology, is likewise found demonstrated by pathology ; the patients show to us their disassociation in certain cases, and we shall see in our observations of aphasic patients artificial language altered, sometimes abolished, while natural language preserves all its integrity.

But before arriving at these morbid facts, there is still a point which merits our fixed attention, and which will be for us a precious guide in the study of aphasia. I wish to speak of the connections which exist between thought and language.

*Connections between interior speech or interior language and language properly speaking.*

What connection is there between interior facts and their exterior expression ? Can we disunite these elements, or are they indissolubly united ?

There is at the same time independence and subordination between these elements. I will explain. There is an order of succession necessary between the thing to express and the expressive movement. Now the succession is so rapid that it seems as though it might be simultaneously.

But often, also, the succession is manifestly affirmed ; the movement only appears after deliberation ; the ideas may as well at the same time not create any movement ; from thence the severance is complete.

It is this independence which allows us to keep our ideas secret, which allows us to simulate things we do not feel, to compose our features, our attitude, and deceive those who are around us as to the feelings which agitate us.

This independence is not confined to natural language ; it exists also as regards artificial language.

We can have an idea without knowing what word to use in expressing it, and which it would be impossible to convey in artificial language. We may know a word without appreciating its value, and, if under these circumstances we employ it, we speak without knowing what we say, and it is this which is only too common.

We can produce certain words without wishing to, without consciousness of the fact, or in disaccord with the idea to be expressed. This is no longer language; it is to be placed in the category of disordered and incoherent movements.

There is then independence, and the individual who can not express his thoughts by language has only to cease thinking. Physiologically, we have the power of speaking or of not speaking. I suppress, when I wish to, the exterior expression of my thoughts, and in the meantime I still think.

Why, pathologically, could I not still have the power of thinking and perceiving my thoughts, when I can no longer express them by language?

And, if it is thus, is not aphasia simply the lesion of this power that we have of externally expressing our thoughts?

To me, this is aphasia; but it is evident that experience and observation alone can give the necessary confirmation to these ideas.

Therefore, then, there is independence throughout language, and the pathological facts can bear witness to this disunion. Moreover, as I shall show, artificial language may be abolished in a patient who has preserved intact the language of action.

This double independence of thought and language, of language of action and of artificial language, explains to us how, *in aphasia, the thought persists, the language of action persists, but the artificial language is altered or abolished*. It is now necessary for us to demonstrate by observations the proposition which we have set forth.

*Integrity of thought and of natural language in aphasia; lesion of artificial language: state of intelligence among aphasics; experiments.*

I believe that I have demonstrated: 1. That thought must be perceived in two ways: by the conscience or *sens intime*, this is interior speech or interior language; by the senses, this is language properly speaking. 2. That thought and language are independent, although having close connections of simultaneousness or of succession. 3. That this independence in the healthy state continues itself in the morbid state. But I have added that observation alone can establish the reality of this last proposition furnished from thence by a legitimate induction. Very well; it is the justness of my induction, it is the reality of the proposition of which I spoke that I now wish to establish.

That it goes to prove that an individual who pathologically



finds it a particular impossibility to express his thoughts by artificial language may still possess the free use of his intelligence, and himself perceive the thought we ourselves could not perceive.

And, if it is so, is it not essential to not confound under the same name the intellectual state and the state of the faculty of language? Is it not essential to not confound and mix the symptoms which betray the trouble of the one or the other faculty? Is it not becoming, finally, to cause the disappearance from aphasia, the name given to a determined lesion of language, the symptoms which are foreign to this function, and which are the product of trouble to the thought?

Then, before speaking of the aphasic state of my patients, I must occupy myself with the state of their intelligence. I shall enter resolutely into this study, supporting myself by the information derived from physiology.

When we interrogate authors as to the state of intelligence among aphasias, we come across contradictory ideas, and this point is certainly one of those which has given rise to the most controversy.

Nevertheless, the separation we have established between aphasia resulting from a determined lesion and the other symptoms produced by this same lesion, go to dissipate the confusion and to clear up with a new light this side of the question.

Without doubt, there are patients attacked by aphasia who, at the same time that they have lost speech, possess no more than the remnants of their intellectual fortune, happy still if these remnants are retained by them. But among these patients there is not only aphasia; the lesion which has caused the aphasia has produced at the same time intellectual troubles, motor, sensory, etc., and to the end that all may not be confusion in semiology, it is important, as I have shown, to distinguish aphasia from these different troubles.

We must, then, putting it in this light, establish two categories in the clinical history of aphasias.

In the one, aphasia is the only morbid phenomenon observed, or, at least, it is the predominant phenomenon.

In the other, the aphasia is blended with psychological troubles, paralysis, etc.

In the meanwhile, the disease, as is its nature, does not proceed always by leaps nor by decided demarcations; there are a series of symptoms, and these are not the least numerous, in which we

observe two periods; the first, confused, in which aphasia is complicated by intellectual and paralytic troubles. At this period, the trouble of language is difficult to distinguish, to follow, to observe. But very soon the disassociation is established, the confusion disappears, and we arrive at the second period.

The intellectual troubles from thence disappear, the paralytic symptoms are amended. Aphasia appears thenceforth isolated or nearly so. At this period, it plays in the manifestation of the cerebral affection the preponderant role. A patient whom I observed at "La Charite" presented this progress.

This young woman, affected on her entrance by aphasia, with right hemiplegia, had a new attack in my ward; she was plunged into a most profound stupor. Little by little the intellectual lesion was ameliorated; the stupor was followed by apathy; the face ceased to be absolutely inactive; she betrayed some impressions; then little by little the apathy and indifference ceased, and the patient found herself in possession of her intellectual faculties and in perfect communication with the exterior world. In the meantime speech remained in the same state; there had not been a like amelioration.

If, penetrating these ideas, we seek to classify the observations of aphasia, we see that they ascribe all to this division.

In order not to complicate the problem, we will establish only two classes, the third variety always entering into the first or second; only its position in the class varies, following the period of the observation.

In this manner, then, and without prejudging the conclusion which our study leads us to, we will establish two classes of aphasias:

1. The one where, after authors, the intelligence appears extremely troubled.

2. The other where, after authors, the intellectual troubles are wholly a secondary thing, the least bit perceptible, and in all cases by no means in connection with the trouble of language.

I do not intend to resume each observation of every author, and show that all ascribe to it the distinction I have established. Some examples appear to me sufficient.

It is evident that Adele Ancelin (observed by Trousseau), who for the space of several months always read the same page of the "Month of Mary," had the intelligence most singularly touched. Another patient of Trousseau's, the old pupil of Cogniet, who pre-

tended to read, write, and draw perfectly well, and who could at least write his name, deluded himself as to the extent of his intellectual qualities.

Other patients, whom we wish to raise the hand in order to say yes, and to lower it in order to say no, and who can not without deceiving themselves, in trusting to this exercise, evidently have the intelligence much altered. Among them, at the same time that the lesion troubles the language, it has affected the intelligence. These are the complex facts which must serve us to elucidate the question of the connections of intelligence and of aphasia.

In order to arrive at the solution of the problem, it is necessary to study the simple cases, those in which the aphasia is the only phenomenon observed.

A patient that Trousseau had been to see in the department of "Landes," could only say the word yes, and in the meantime as to all his acts and the conduct of his life, he appeared to have preserved all his intelligence; he wished to be consulted regarding his banking, and his trading, and showed in all his decisions an excellent judgment; he passed his evenings in playing all fours (cards). When he threw out a trump, he depended on the card; he played so well as to win from his sons, the priest, and the doctor.

Another, a Polander, assisted at a discussion upon the last insurrection. We spoke of an engagement which had taken place near a small village. Immediately he raised himself, to go and seek a map, to show the point where the engagement had taken place, and redress the error we had made; and in the meantime this man could only say yes and no, and do that which so often happens to aphasic patients, *i. e.*, make the sign of the head indicating the contrary from that which he says: negative when he says yes, affirmative when he answers no.

I could multiply these cases of patients. They have all for a common characteristic the more or less complete loss of speech and of writing, and in the meanwhile their intelligence appears very nearly intact. Very well; it is evident that it is among this group of patients that the problem must be studied.

However, in order to be restricted it is not the less difficult.

When it happens, for instance, that a phenomenon as complex as intelligence, viewed in the collection of its manifestations, is it easy, is it possible to point out the extent of the losses it has undergone, and to say up to what point it has been affected? With-



out doubt, when there occurs one of those profound alterations of the intellectual faculties of which the evidence is plain even to the least clear-headed observers, there exists no difficulty in deciding it. But we have the most often to engage, in the particular cases which we speak of, with troubles much more slight, and which, in order to be appreciated by their just value, require a more delicate analysis.

Between a superior and an ordinary man, the distance in the ordinary course of life is often almost imperceptible, and in the meantime it is great, a most certain fact. A painter without talent may conceive the idea of a picture as perfect as those of Raphael, but, when the moment of its execution arrives, his pencil refuses to translate his ideas. A vulgar writer conceives the plan of a dramatic work, but, when he wishes to fill in the groundwork, his power abandons him.

Let us go back to our pathological ground. Here is a brilliant intelligence, which, under a morbid influence, has lost its luster; in the ordinary circumstances of life, we should find habitual good sense, a clear judgment, the spirit of good conduct which prevailed at other times; it is only when he proceeds to make a work of art that we determine his failures; and from thenceforth if it is sometimes difficult for strangers to appreciate at the first glance this intellectual decadence, would this judgment not be more difficult to him who himself must be the object of it? The archbishop of Grenada did not perceive that his sermons were affected by his previous apoplexy, and when Gil Blas apprised him of the fact, pretended that the news was unpleasantly received.

The difference, in all these cases, rests upon the tints and often upon the difficult perceptible shades of meaning. The aphasic patient may have still preserved a very great remnant of his intelligence, and in the meanwhile this intelligence may be singularly fallen from its former splendor. This appreciation is much more difficult than if we had always accepted the independence of thought and language, in the meantime we have never denied that language was necessary in order to give to the thought its formula, its shades, its limits. So, we will not penetrate deeper into a problem which would approach so near to metaphysics, and we shall only try and show by observations that thought may persist in a case where artificial language is singularly affected.

I have on this account performed experiments upon some of my patients, which appear to me decisive, and which go to show the

qualities which are preserved, and those to the contrary which are notably injured, in a patient attacked by aphasia.

*Experiments.*—One of these patients, confined in the hospital (Clara X.), had suddenly been deprived of speech; she presented besides a very complete hemiplegia of the right side; there had not been any loss of consciousness. At the end of some days, the hemiplegia disappeared completely, and she succeeded in pronouncing some words.

This woman appeared very intelligent; she knew how to read, to write, to count, had ideas of drawing and music. She was thus found to be, then, owing to the degree of the aphasia and her education, an excellent subject for experiment. I will only report here the most interesting points in the case.

Clara recognized exterior things; she made use of objects which were of use to her; she sought for them and distinguished them in the midst of other objects. Nothing embarrassed her in this regard.

She knew the name of objects. "Where is your bowl?" She looked for it, picked it up, and presented it.

"What do you use it for?" She raised it to her mouth, and made the feint of swallowing a liquid.

Here is, then, a right appreciation of notions furnished by the senses.

The perception of different signs of language is likewise clear, but sometimes it is necessary for her to reflect an instant in order to answer. Show her an *e*, she can not pronounce it, but she answers *five*, which signifies the fifth letter, and when she can not say the order of the letter in the alphabet, she shows it with her fingers, 1, 2, 3, 4, etc., fingers.

She seizes the value of words, comprehends them all individually; in the meantime, when she tries to read in a high voice, her understanding is bad, she seizes only some endings; but when the experiment is recommenced by reading *mentally*, she understands it all.

She distinguishes letters and words, and knows their signification.

We write the word *nose*.

"Do you know what that means?"

Affirmative sign.

"Show it?"

She carries her left hand to her nose.

Present to her no matter what common object, she recognizes it. We repeat each day this experiment, and always with the same success.

I have attempted a curious experiment; here it is: We place an object before her eyes, a watch, for example.

"Do you know what this is?"

Affirmative sign.

"Do you know the name of this object?"

Affirmative sign.

"Very well, how many letters are in the name?" (*montre*.)

After some instants she opens successively the fingers of the left hand, then a finger of the right hand.

There are six letters.

I place my fingers upon the teeth (*dents*). "How many letters?"

She shows five fingers. "You deceive yourself, there are only four" (*dent*, singular). She counts again, and shows her hand entirely open. And, in fact, it is the plural (*dents*). "Very well, but give the singular," I say (*dent*). She counts again and shows four fingers.

Employ anything within reach of her intelligence, do not give her any word too difficult to spell, nor a word containing too great a number of letters, and the experiment will frequently succeed.

I can, therefore, conclude that Clara still preserves her memory regarding the names of things; she possesses words; and it is very important to remark that, in this experiment, she immediately finds the name for an object which one presents her. In showing her an object we have only to ask her a numerical value: "How many letters in the name of this object?"

I show her my watch (*montre*). "Do you know the name of this article?" Yes, but she can not say it. "How many letters in the word?" She shows six fingers. "And in the plural?" (*montres*). Seven. I then ask her to write it. She writes *monche*. She then makes a sign: *mon-che*, showing that *mon* is correct, and *che* incorrect.

She has, then, a clear appreciation of the errors she has committed, as was still the case in the following experiment:

She reads. It is an impossible language, a melange of articular sounds, but incoherent and without any signification. She laughs at herself for the way in which she reads; but in the course of this singular reading, when she pronounces a word well (which hap-



pens from time to time) she knows it, can underline it, and shows that she has read it correctly.

I show her my thumb (*pouce*).

She can not speak its name.

She can not write it.

But she can tell me the number of letters (5). The same regarding the plural (6). If I make her look for the letters composing the word, she can not find them, only pointing out some ones; but the experiment is often contradictory; she finds the letters less easily when the number is not told her. She can follow a conversation, seizing all the words and their value. The perception of her wants and her moral sentiments are perfectly clear to her. Her will preserves all its vigor. The experiments that we have already shown are proof that she has perfectly intact the memory of things, objects, and the use of these things and objects. Regarding her memory of words, it is necessary to distinguish them. If we interrogate her as to a word she has heard, the memory is perfectly preserved. It is the same with a written word. She understands it very well, but she can not always pronounce it.

Can she on seeing an object which she recognizes remember the word which expresses it?

If one wishes her to say it, she is incapable of doing so.

The same is the case if one wishes her to write it.

But if she is asked how many letters are contained in the word, she often tells the number; and if a person shows her this word written, she always recognizes it.

Therefore, then, if there is verbal amnesia, it is only partial.

When amnesia exists, it exists regarding speech and writing, and sometimes the patient can not tell the name of the object, neither write it; she may tell the number of letters in the name which represents the object.

But always when she is shown the word written she recognizes it.

Can she repeat the word when it is told to her?

Sometimes; but not always.

For the purpose of elucidating this question of amnesia, I have obtained, by an experiment, a very interesting result.

I made her read any page whatever of a book she did not know; she produced a mixture of sounds without signification. I took a catechism and asked her to read the prayer: "Our Father, who art in heaven," etc.

She read it very well, going a little quick, missing, in the meantime, some words. I thought from this that she knew the prayer; I asked her to recite it to me; she could not say a single word of it.

Paul Janet, in studying the mechanism of mnemonics, recalls the history of an old priest who was incapable of pronouncing distinctly two words having any sense; but if one called on his verbal memory, he recited "le Coche et la Mouche," and also an exordium of "Father Bridaine."

But the particulars cited by Janet differ from the results of my experiment, because the old priest could recite, while my patient could only read things she had known, without being able to recite them.

Then I tried another experiment.

Can she construct a phrase? a proposition? associate propositions?

No.

I asked her to write me a letter; the letter was perfectly incoherent; she herself recognized this fact.

*Reading in a High Voice.*—She read with difficulty some words. The pronunciation was bad (elostic for elastic); she was conscious of the errors she committed.

If she tries to read rapidly, her incapacity is absolute.

Her *mental reading* is good.

*Writing.*—She copies exactly, but composes with incoherence; her letter was a fair sample of this.

*Numeration.*—She counts by means of her fingers; does sums in addition and subtraction, but often names the result with difficulty.

The results obtained by her *sketches* resemble very much what has been said regarding her writing; the copy is good, but the composition is very imperfect.

*Music.*—She knows her notes, the gamut; recognizes an air, but she can not hum it.

*Integrity of Natural Language.*—It is an easy matter to assure ourselves, from the play of our patient's physiognomy and her gestures, that they are in perfect harmony with the circumstances surrounding her. Pantomime, which, as I have before said, is only an imitation of natural language, has been preserved in all its strength; the same may be said in regard to mimicry. Here is a

point, among many others, which shows very well to what degree this form of language may be preserved.

One morning I made the patient look at the picture of a lion.

She made a sign of recognition; and, in order to assure myself that she truly recognized it, I asked her the following questions:

"Do these animals exist in France?"

"No."

"Do they live in Africa?"

"Yes."

"And also in America?"

Quickly, and without hesitation, she made the gesture which expresses ignorance or doubt. The perfect justice of the movement and its exact expression struck me vividly.

I have observed other aphasic patients, on whom I have renewed these same experiments. I can not relate here all these cases. I only wish, by the details into which I have entered, to indicate the method that I have followed, and justify, therefore, in a strong manner, my conclusions. I will, however, resume the history of the results obtained in a young woman who was confined in the "Charite."

[TO BE CONTINUED.]

---

*Effects of the Imagination in Supposed Snake-Bites.*—In the *Indian Medical Gazette*, of November 1, is a paper by Dr. J. Ewart, in which he details cases in which the subjects were almost moribund, with thready, irregular pulse, and so utterly prostrated as not to be able to speak, although it was afterward shown that either the snake was not a poisonous one or else there had been no bite at all. The symptoms were simply the result of intense fear and nervous shock. Dr. Ewart states that he has witnessed numerous experiments, and is convinced that, after actual entrance of the poison of the cobra, and other really venomous Indian serpents, no known remedy is of any use; that the cases of reported cure have all been simple illusions.

*Application of Camphor in Hospital Gangrene.*—At the meeting of the French Academy, June 19, M. A. Netter offered a memoir upon this subject. He claimed to have obtained most excellent results. The powder is placed thickly on the sloughing wound, and should be followed by almost immediate amelioration in 48 to 60 hours.—*Gazette Médicale.*



## Ophthalmological Department.

### *Case of Black Cataract.*

By S. C. AYRES, M. D., Cincinnati, Ohio.

In the January number of the *Lancet*, I reported a case of black cataract, operated upon by Dr. E. Williams, of this city. Of the numerous cataract patients operated upon by him, that was the second case of genuine black cataract he had met with in his practice, which fact alone shows that this form of cataract is very rare.

While visiting my former home, Fort Wayne, Ind., last December, I was called upon to operate on a patient who was suffering from cataract. He was a large, heavy built man, 63 years of age, rather feeble, and stiffened by hard pioneer work. Upon examination, I found that the cataract in the left eye was quite mature. The lens presented an almost uniform milky-white appearance. The pupil was moderately active, and his perception of light quite good, and the tension of the ball normal.

In the right eye, which was still not entirely blind, I discovered what is undoubtedly an immature black cataract. The opaque nucleus, and cortical substance appeared with the ophthalmoscope perfectly black, and did not transmit any red reflex from the fundus, as they would in an ordinary senile cataract. The periphery of the lens was transparent so that the fundus around it could be seen. With the oblique illumination I could see distinctly that the lens was of a brownish, black color, and did not present the grayish appearance which is generally seen.

From the appearance of this lens I judged that I had to deal with a black cataract in the left eye. But without this assistance I should have been unable to have made out a diagnosis of black cataract, except from its opaqueness. As it appeared uniformly white, one would be more likely to mistake it for a cataract in which there was liquefaction of the cortical substance.

On December 26, 1871, I made Graefe's modified linear operation. The section and iridectomy were made without any diffi-

culty, but as soon as I ruptured the capsule, there was an escape of a milky fluid, which was in all probability liquified cortical substance lying between the capsule of the lens and the nucleus. I then proceeded in the ordinary method to force the lens out, by sliding the spoon over the cornea; but I found that while the lens engaged in the wound it would go no farther, from the fact that the vitreous was liquified, and did not give that support to it which it usually does. The attempt to evacuate the lens had caused an escape of a small quantity of vitreous, and I immediately introduced the spoon through the wound, and brought out the lens without difficulty.

I then applied a bandage lightly, and in about eight hours afterward saw my patient again, and put a few drops of a solution of atrophina into the eye. The next morning I examined the eye, and found the wound perfectly coapted. He had had a comfortable night, and there was no swelling of the lids or conjunctiva. I tested his vision, and found that he could count fingers, which was more than I expected under the circumstances.

The case progressed very favorably, no inflammation or complication of any kind supervening. I examined him three months afterward, and found that he could read No. 5 Jaeger quite readily with  $3\frac{1}{2}$  convex. He required no glasses for walking, which may be accounted for by the fact that he is myopic in a tolerably high degree. I examined him with the ophthalmoscope, and found that there were no floating bodies in the vitreous, and no evidences of atrophy of the retina. The lens extracted is of a brownish-black color, its surfaces are quite smooth, and the volume of the lens is very slightly diminished.

It will be interesting to observe the changes which will take place in the right eye as the cataract matures.

It is a question whether the cortical substance will so change as to cause the lens to present the milky-white appearance of the other one.

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

JAMES GRAHAM, M. D., PRES'T.

L. WOLFE, M. D., SEC'Y.

*Dr. Stevenson* reported a case of a man who had consulted him two years ago for a diseased testicle. The organ was much enlarged, nodulated, and firm. He advised operation, which was declined. The man consulted him again a few days ago, for the same trouble. An abscess was now formed in the lower part of the testicle; an opening was made in it, and an exit given to pus and fluid. The organ was subsequently removed by *Dr. Miller*.

*Dr. Miller* presented the specimen referred to by *Dr. S.*, and said he was puzzled to classify the tumor. Before operating he had thought it might be a sarcoma, but after its removal had changed his opinion. He did not know what it was. The history of the patient was as follows: Ten years ago he had a venereal sore followed by suppurating buboes in the left groin, being the same side as the diseased testicle. There had, however, never been any constitutional taint. The man married subsequent to the contracting of the sore, and now has four healthy children. He is twenty-four years of age, thin and spare in flesh; has been emaciating to some extent for the last three or four years. He first felt pain in the left testicle. The organ then began to increase in size. This continued for a year, and he then applied to *Dr. Jessup*, who found a hydrocele and operated for its relief. The testicle, after this, continued still to increase in size, and gave much pain by its weight. The operation for its removal was performed thirty days ago. The tumor was larger than a goose egg, nodulated and tense, but fluctuant at its posterior inferior surface; close to the external abdominal ring, it was hard and nodulated. Before operating an exploring was used, and fluid of coffee-ground character escaped from the puncture. The tumor before opening it weighed 14 ounces. After opening it and permitting its fluid contents to escape, it weighed  $6\frac{3}{4}$  ounces. It was a cyst, the gland structure being almost entirely destroyed. The patient had, at different times, received blows upon his testicle, but the growth was so



slow that the opinion that it was a hematocle was untenable. The fluid under the microscope showed a large quantity of cholesterine and broken-down blood. Could discover no gland structure with the microscope. It seems to be a fibro-cystic tumor. The abscess mentioned as having been opened was encroaching on the walls and would soon have opened spontaneously.

Specimen was referred to Pathological Section.

*Dr. Mussey* reported a case of urinary calculus, in a man fifty-six years of age, who, in 1865, had retention of urine, and was obliged to use a catheter for relief. He continued to use the instrument for four years. He then had a severe inflammation of the bladder, and was treated for that. After his recovery he was enabled to urinate without using a catheter. For the last two years, however, he has been obliged to pass a catheter regularly, and has in this time passed a large number of small calculi. To-day performed bilateral lithotomy, and removed 27 calculi, the smallest weighing 4 grains, and the largest 340 grains, the aggregate weight of the stones and debris being 2,900 grains. A number of polypi were found on the inner surface of the bladder, being especially numerous in the region of the prostate gland. Some of them were quite firm, fibro-cellular in character; they were in part removed. Some of the calculi were attached to the walls of the bladder. The patient is now doing well, the urine passing through the wound in the perineum. The plan will be to keep the incision in the perineum open as long as possible. The speaker also related the case of a man who had called on him ten days ago, who had had symptoms of stone for two years. He could only urinate by throwing water into the bladder. On examining him, a small, hard, sharp and elongated calculus was found in the prostatic portion of the urethra. This was removed with forceps through the urethra, and the symptoms disappeared.

*Dr. Orr* reported the case of a mechanic who was injured by a mass of iron weighing 1,400 pounds having fallen on his left foot, fracturing the lower end of the fibula, and crushing the foot. At first it was thought that amputation would be necessary, but by careful dressing and the liberal use of carbolic acid, the limb was saved. The difficulty in the case was the management of the fracture, the lower fractured end jutting out so that it was difficult to apply splints. There was no union for four or five weeks, finally a horse-shoe shaped truss was applied, so that the fractured ends were kept in apposition and union resulted.

*Dr. Carson* presented a specimen of lungs. Autopsy was made this afternoon. There was a history of phthisis of three or four years' duration. The case was marked by the usual features of chronic phthisis. Some of the physical signs were peculiar. He was first attacked with a cold, affecting the right chest, and when he saw him a year ago he exhibited marked contraction on the right side. The percussion note was dull; expansion was diminished, and the respiration tubular. At no period was there decided evidence of the existence of cavities, but the general symptoms indicated their presence. The patient died suddenly last night, he had complained for a week or two of a pleura and hoarseness, but seemed to be no worse than usual. The immediate cause of death was pericarditis and effusion into the chest. On examining the specimen, a large cavity is found in the apex with the remains of vessels passing through it. Throughout the right lung are small cavities bounded by fibroid tissue; the pleura is much thickened, being one-half an inch thick at the base of the lung. The left lung contained no cavities, but is filled with small granulations, and shows the same tendency to fibroid degeneration as the other lung. The speaker remarked that a case with so much thickening of the pleura is seldom seen. This man is one of a number, in whom, last fall, quinia was tried as an anti-pyrotic. His temperature had ranged from 98 to  $98\frac{1}{2}$  morning, to  $99\frac{1}{2}$  and 101 in the evening. He was ordered to take 20 grain doses of quinia every morning, which he continued to do for eleven days, and careful thermometric aberration showed but little alteration from the average temperature before its use. In another case of well-marked advanced phthisis, in whom the temperature ranged from  $98\frac{1}{2}$  in the morning to  $103\frac{1}{2}$  in the evening, 20 grains were taken every morning for twelve days. The quinia produced in this case more effect than in any of the others, but the reduction of the temperature was very slight. Quinia was also administered to a case of typhoid fever to the extent of 120 grains in two days. The temperature was reduced quite markedly in this case, but it was probably due to the natural decline of the fever. These experiments, not at all conclusive, showed, in the speaker's opinion, that the anti-pyrotic power of quinia had been much overestimated, more especially when given, as it generally is for this purpose, though in one or two grain doses, several hours apart.

## PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION.

The Association met in Horticultural Hall, Philadelphia, Tuesday, May 7, 1872, and was called to order by Dr. D. W. Yandell, of Kentucky, who was elected President at the preceding annual meeting held in San Francisco. The following Vice-Presidents were also present: Drs. Thos. M. Logan, of California; Charles L. Ives, of Connecticut; R. F. Michel, of Alabama; and J. K. Bartlett, of Wisconsin.

Rev. William Bacon Stevens, M. D., D. C. L., Bishop of the Protestant Episcopal Church in Eastern Pennsylvania, opened with prayer.

The President then introduced *Prof. Robert E. Rogers*, of Philadelphia, who welcomed the delegates to the city on behalf of the Committee of Reception, of which he was chairman, and of the medical profession of Philadelphia.

*Dr. Edward Hartshorne*, on behalf of the Committee of Arrangements, announced the extensive preparations made for the entertainment of the visitors.

*The President* then delivered his annual address. He began by approving the migratory character of the Association. If it were stationary, he said, its meetings would no doubt be attended by many, and it would, while conducted with wisdom and moderation, exert a good influence upon the profession all over the country. But its influence is incalculably enhanced by its journeyings from point to point. In this way multitudes are brought into sympathy with it who otherwise would never attend one of its meetings or read a page of its proceedings. Whatever else may be denied the Association, no one can hesitate to admit that it is grand in its annual migrations. No other medical body ever in the same time traversed spaces so vast.

After alluding to the novelty of scenes met with a year ago in California, he said the present visit to Philadelphia was also one of peculiar interest, on account of the historical associations of this city. After a brief survey of the physicians whose names are inseparably connected with the early history of Philadelphia, he alluded in touching language to the recent death of Dr. Samuel Jackson. The orator then considered the wide-spread feeling of discontent which has been for many years manifested in respect



to the present system of medical instruction. He did not share in the gloomy views of the future which many have expressed ; but, while admitting the grave defects in the prevailing system, he thought too much importance had been attached to a liberal education. He reviewed the plan of instruction adopted in Germany, and concluded that the great demand in this country was for practical physicians, rather than for those learned in the languages. Great stress was laid on the importance of clinical teaching.

The orator then alluded to the woman question, which has agitated the Association at previous meetings. He contended that there was a psychical as well as a physical difference between men and women ; and, while admitting that women might succeed in some lines of the medical profession, he thought there were certain paths which, for the honor of the sex, he hoped they would never aspire to tread.

He added : " I have strong doubts whether female physicians will ever become very numerous. Their own sex does not incline very much to them. The movement which is now startling the world by its din will probably end in no great results. But it depends on the public. What the people decree in this matter is a law to which all, we and the women alike, must bow submissively. If they want women doctors, such will be found ready to meet the demand. If those now pressing forward in their studies so eagerly find their services are not wanted, they will take down their signs, get married, become lecturers, or turn to some more lucrative employment. I hope they will never embarrass us by a personal application for seats in this Association. I could not vote for that."

The following resolution, offered by Dr. H. F. Askew, of Delaware, led to a long discussion, and was finally agreed to without a dissenting vote :

" *Resolved*, That all questions of a personal character, including complaints and protests, and all questions on credentials, be referred at once to the Committee on Ethics, and without discussion."

The President announced that the Committee on Ethics would be composed of Drs. H. F. Askew, of Delaware ; N. S. Davis, of Illinois ; Calvin Seavey, of Maine ; J. K. Bartlett, of Wisconsin ; and Samuel D. Gross, of Philadelphia.

The Association adjourned at two o'clock.

In the evening, the Biological and Microscopical Section of the Academy of Natural Sciences received the members in the foyer of the hall, where about one hundred microscopes, with gas-burners to afford the requisite light, had been arranged. The slides contained many interesting specimens of natural history, and were inspected by a throng of ladies and gentlemen until a late hour. The body of the hall was set apart for promenade, and music was provided to add to the pleasure of the occasion.

*Second Day's Proceedings.*—The meeting was called to order in the morning by Dr. T. M. Logan, of California, one of the Vice-Presidents, the President being temporarily absent.

The Association was then adjourned for ten minutes, to allow the delegates to consult with each other and to elect one from each State and Territory to form the Nominating Committee.

While this was being done, the papers, tables, etc., in use by the officers of the Association were transferred to Dr. Wylie's church (First Reformed Presbyterian, Broad street, below Spruce), where the delegates afterward convened; and the remaining portion of the business was transacted in that edifice. The reason assigned for this change was that the voices of the speakers could not be distinctly heard in Horticultural Hall. After arriving at the church, the members were called to order by the President.

Dr. Bronson offered the following as an amendment to the by-laws:

"*Resolved*, That the Committee on Ethics, to consist of seven members, be elected by the Nominating Committee."

The President said this would have to lie over for one year.

The author of the proposed amendment then desired to have it offered as a resolution.

The Chairman decided that, the committee having already been appointed by him in accordance with the existing law on this subject, the resolution could not take effect for another year.

*Dr. Bronson.* The resolution need not lie over because of anything contained in the constitution, but it will lie over in its effect; that is to say, the committee appointed under it will perform the functions of their office next year, and not to-day.

The President then put the motion of Dr. Bronson, and declared it lost.

The justice of this decision was questioned, and the President then put the appeal to the house. Before the result was an-

nounced, Dr. Bronson said: "There has been a doubt expressed, and I should like to state to the Association my reasons for offering that resolution."

*President Yandell.* The decision of the Chair was appealed from, the vote was put, and the Chair decides that the Chair was sustained.

Dr. Bronson, however, insisted upon making an explanation. The Chairman permitted him to speak, though in violation of the rule.

*Dr. Bronson* said: "I was about to say that, at the organization of this Association, the questions which came before the Committee on Ethics were of very little interest to a large portion of this convention. The committee was considered of so little importance that it was not originally a part or parcel of our constitution or by-laws; but within the last few years, every gentleman who is familiar with the acts of this Association is aware that discordant elements have been introduced here, which have consumed time and produced friction in this body; and it has been owing in part to the fact that the presiding officers of this Association have exercised their undoubted right by indicating of whom that Committee shall consist. If the President of this Association had any special predilections on this or that question, he would be very apt to appoint a committee in sympathy with him. Hence it is that dissatisfaction has been produced among a large number of the delegates. With the view, therefore, of correcting that evil, it has occurred to me, that if each State and Territory had a voice in the formation of that committee, the difficulty would be removed; that it would prove a balm and a poultice to this Society, rather than an element of discord. This was the object I had in view when I introduced this resolution; not that I had anything to say against the action of any of our Presidents, for they have all acted as I would, no doubt, have acted myself."

The President said he would put the question to the house again, so as to show perfect fairness. He did so, and again decided the resolution lost.

A division was called for, and 167 voted in favor to 187 against the resolution, which was again declared lost.

*Dr. N. S. Davis*, of Chicago. I hold in my hand a preamble and resolution. In passing it, it seems to me that it would be calculated to do good in at least one section of our country; and I can see nothing in it that any man could object to.



[This resolution will be found in the report of the Committee on Ethics.]

*Dr. Davis.* I would move that the resolution be adopted, simply because I deem it worthy of our action. I am sure that as the Massachusetts Association is carrying the matter now to the civil courts, if we can give them a word of encouragement it will be of service.

*Dr. Baldwin* moved to refer the matter to the Committee on Ethics. It was so referred.

*Dr. Francis G. Smith*, of Philadelphia, chairman of the Committee on Publication, presented his report. It set forth that 750 copies of the Transactions of the Society had been published, at a cost of \$1,549.39. Of these, 475 volumes were distributed to members, including 23 to various medical journals, and 88 copies are still due to members. The work was completed and issued early in November. The report concluded by reminding the members of a resolution passed in 1870, that all members who failed to comply with the rules of the Association within one year forfeited their right to a copy.

*Dr. Caspar Wister*, of Philadelphia, Treasurer of the Association, reported that the Association last year exercised a praiseworthy discrimination in the selection of the material for publication, and consequently the volume of Transactions was smaller, more compact, cheaper, and more desirable to the profession than heretofore. The edition was published at a price which leaves a balance on hand for the use of the Association when it may hereafter become forgetful of its prudence and refer a great mass of manuscript for publication. The Treasurer counseled care in the adoption of prize essays, for out of this has arisen a considerable expense. The treasury is depleted annually to the extent of \$200, which it can ill afford. The account current shows a balance in hand of \$1,005, being about \$300 more than was in hand last year. The Treasurer asked the Association to bear in mind that there are no discretionary powers vested in the Committee on Publication. They must publish everything which is referred to them by the Sections. Referred to the Publication Committee.

The Chairman took this occasion to suggest, for the consideration of the house, in addition to the view just presented by the Treasurer, that if there is a remedy for the evil complained of, it should be adopted. The result of the present action is, that we

pay for a thing the real value of which we have known for a long while."

*Dr. J. S. Weatherby*, of Alabama, chairman of the Committee on Medical Education, presented a report, which, he said, was signed by *Dr. J. M. Toner* and himself. The committee recommend an appeal, to be addressed by the Association to the different authorities, asking that no more charters be granted by State legislatures to colleges which do not adopt the plan to be hereafter recommended by this Association, and that all colleges now in existence which do not fulfill the requirements of this standard forfeit their charters. The committee also recommend the scheme of *Dr. Bartlett* as feasible and practicable. An institution founded upon his plan would soon regulate all other medical institutions in this country. The committee further suggests the establishment of a national Academy of Medicine, as recommended by *Dr. Moses*, of Missouri; it urges that the Association take into serious consideration the expediency of publishing a monthly journal, under the auspices of this body, instead of the annual volume of *Transactions*, as heretofore published. The editor is to be elected annually by the Association. "It is confidently believed that not only the profession, but also the people, would be favorably influenced by this means, as the journal would be read by many who never see the *Transactions*." The committee recommend that the Association take decided action to make itself felt as the head of the profession in the United States, by demanding a proper standard of membership, and by publishing to the world that colleges which do not observe certain rules shall not be entitled to representation. The committee urge that a congress composed of delegates from the medical colleges assemble to fix upon some uniform and improved plan of medical instruction, which shall be recognized as the only system of medical instruction in this country. Referred to the Publication Committee.

*Dr. F. A. Ashford*, the Librarian, reported that the increase in the library of the Association had been considerable. He suggested that the volumes of the *Transactions* now on hand be placed in his hands, to be exchanged for books upon other subjects. No money had been received by him. Referred to the Publication Committee.

*Dr. Francis G. Smith*, of Philadelphia. In the absence of the chairman of the Committee on Prize Essays, who is detained at home by a sad bereavement in his family—the death of his son—

and who has commissioned me, as the second member of his committee, to act in his place, I will present the report to the Association. Four essays were submitted to the committee; of these, one was withdrawn by its author, and the remaining three were carefully examined by the committee. Two of them did not fulfill the conditions which are to determine the disposition of the prize. The third one did—that is, it presented the condition of original research. The title of that essay is, “What Physiological Value has Phosphorus as an Organismal Element?” and it bears a Latin motto—“*Ne tentes, aut perfice.*” The name of the author is Samuel R. Percy, of New York city.

Dr. T. Parvin, of Indiana, chairman of the Committee on Medical Literature, reported that he had addressed a letter to each of his four associates—Drs. J. P. Whitney, of California, G. Mendenhall, of Ohio, H. Carpenter, of Oregon, and L. P. C. Garvin, of Rhode Island. He received replies from the two last-named only. Dr. Carpenter said he had nothing to communicate. Dr. Garvin sent a long letter, which was read, and which contained observations in reference to the national literature and suggestions for its improvement. The writer asserted that we have an American medical literature of which every one should be proud. This very city has produced works which would make quite a library of themselves, and without which no medical library, however vast and various its volumes, would be complete. The names of four of the living authors of Philadelphia who specially deserved mention, are George B. Wood, Hugh L. Hodge, Isaac Hays, and Samuel D. Gross. Our literature, he says, is practical in character. Although we may boast of the grace and beauty with which Dr. Chapman clothed his thoughts—of the flashing declarations of the late Dr. Meigs—of the calm dignity and ornate periods of Dr. Wood—yet generally our American authors give less heed to language than to ideas. If an author wishes to catch the ear of an American physician, he must have something useful to say, and must say it quickly. The committee favored the idea of offering a triennial prize of six hundred dollars for the best essay, instead of the present plan of giving two hundred dollars to be divided between two each year. They suggested that the chairman of each Section deliver an address to his Section, as likely to relieve some of the irksomeness of listening to dry essays. A large portion of this report was devoted to advocating the publication of a



national monthly journal, under the auspices of the American Medical Association. Referred to the Publication Committee.

*Dr. J. D. Jackson*, of Kentucky, chairman of the Committee on American Medical Necrology, submitted his report, which was referred to the Committee on Publication without being read.

*Dr. Stetler*, of Pennsylvania, presented the following:

*"Resolved*, By the American Medical Association, that no report or paper which is referred by it to the various Sections shall be referred by the latter to the Committee on Publication without first having been examined and approved by two-thirds of the members present at said Section."

This was discussed by several members, and was finally indefinitely postponed.

In the evening a lecture was delivered by *Dr. H. D. Noyes*, on "The Relation of Disease of the Inner Structure of the Eye to other Affections of the Body," illustrated by ophthalmoscopic pictures in the magic lantern, in the chemical lecture-room of the Medical Department of the University of Pennsylvania.

At eight o'clock, Professor Robert E. Rogers gave a brief lecture, with demonstrations of electrical phenomena, in the same hall.

The delegates, with the ladies who accompanied them, then proceeded to the residences of *Dr. William H. Pancoast* and *Dr. Hugh L. Hodge*, where they were hospitably entertained.

By invitation of *Dr. Addinell Hewson*, one of the attending surgeons, the delegates visited the Pennsylvania Hospital on Thursday to witness the operation of amputation of the hip-joint.

*Third Day's Proceedings.*—The Secretary read the following, which was adopted in the College of Physicians, in Philadelphia, May 1, 1872:

*"Whereas*, Cases of accidental poisoning and of the internal administration of medicines intended only for external use are so frequent; and,

*"Whereas*, Every possible safeguard should be employed to prevent such accidents; therefore,

*"Resolved*, That it is recommended to all druggists to place all external remedies in bottles not only colored so as to appeal to the eye, but also rough upon one side, so that by the sense of touch no mistakes shall be possible even in the dark; and that all bottles containing poison should not only be labeled 'poison,' but

also with another label indicating the most efficient and convenient antidote."

*Dr. Sayre*, of New York, moved to adopt these resolutions. Agreed to.

*Dr. Alexander W. Stein*, of New York city, presented the following:

"*Whereas*, It has long been recognized that diseases of a dangerous and fatal nature are transmissible from animals to man, and that certain zymotic affections, which are common to both man and animals, do very frequently manifest themselves first in the latter and subsequently in man, thus warning us that to be indifferent to the condition of the inferior animals is to introduce and create centers of disease among ourselves; therefore,

"*Resolved*, That a committee be appointed to ascertain what measures can be instituted to prevent the extension of such diseases to man, and what sanitary measures can be effected to arrest the progress of such diseases in animals, the committee to report next year."

This was adopted.

*Dr. Francis G. Smith*, chairman of the Committee on Nomenclature of Diseases, reported that, in accordance with instructions given to them by the Association in 1870, they had prepared a nomenclature to be adopted and observed by the practitioners of the United States.

The report had appended to it the following:

"*Resolved*, That the report of the Committee on Nomenclature of Diseases be referred to a special committee of five members, to be appointed by the President, who shall examine it and report upon its final disposition at the present meeting of the Association.

"*Resolved*, That on the favorable report of said committee, it shall be referred back to the Committee on Nomenclature for the preparation of an index."

*Dr. Woodward*, of Washington, offered a minority report, which mainly differed from the report of the majority of the committee in the resolution appended.

The minority report that, while they have the highest respect for the ability and learning of those members of the committee whose residence in Philadelphia has enabled them to attend to its meetings and aid in the production of the report just read, they nevertheless feel it a duty to express their earnest convictions that

the adoption of a nomenclature and a classification by this Association is a matter of too great importance to be acted on hastily, and before any of the members of the Association, except a part of the committee, have had any opportunity to examine for themselves the nomenclature and classification which it is now proposed that we shall adopt. The minority of the committee had no opportunity to examine the proof-sheets of this work until the commencement of the present meeting.

The resolution accompanying the minority report was as follows:

*“Resolved, That the nomenclature and classification just submitted by the committee be published in the Transactions; that one thousand extra copies be printed in cheap pamphlet form and distributed to the profession; and that the question of the adoption of the nomenclature and classification by this body be postponed until the next annual meeting.”*

The minority report was adopted, after considerable discussion.

*Dr. Wm. O. Baldwin*, of Alabama, chairman of the Committee on Nomination, reported that the following officers had been selected to serve during the ensuing year:

*President*, *Dr. Thomas M. Logan*, of California.

*Vice-Presidents*, *Drs. B. H. Catlin*, of Connecticut; *McPheters*, of Missouri; *Pollock*, of Pittsburg; and *Briggs*, of Tennessee.

*Treasurer*, *Dr. Caspar Wister*, of Philadelphia.

*Librarian*, *Dr. William Lee*, of Washington, D. C.

*Permanent Secretary*, *Dr. William B. Atkinson*, of Philadelphia.

*Assistant Secretary*, *Dr. Montrose A. Pallen*, of St. Louis.

*Committee on Library*, *Dr. J. M. Toner*, of Washington, D. C.

The place of the next meeting—St. Louis, Missouri.

The report of this committee was adopted.

*Dr. T. M. Logan*, of California, chairman of the committee on a “National Health Council,” made a long preliminary report, and asked to be continued and to be constituted a special Section on State Medicine and Public Hygiene, to which all subjects cognate thereto may be referred. Agreed to.

*Dr. Askew*, from the Committee on Ethics, presented a report, which was read by *Dr. Davis*.

In relation to the preamble and resolutions offered by *Dr. Davis* touching the Massachusetts Medical Society, the committee recommended them for unanimous adoption by the Association. They are as follows:



"*Whereas*, It has been represented that Massachusetts Medical Society considers that its delegates to the annual meeting of the American Medical Association in Washington, May, 1870, were unjustly excluded by the Committee of Arrangements; and,

"*Whereas*, The action of the Committee on Ethics, at the same meeting, in refusing the right of said Committee of Arrangements to exclude the Massachusetts delegation, is not yet fully understood by that Society; therefore,

"*Resolved*, That the Association acknowledge the great and effective efforts of the Massachusetts Medical Society to elevate the profession and to suppress quackery of all sorts, and especially assure that society of encouragement and support in its present exertions to rid itself of all pretenders."

This was agreed to by the Association.

The committee reported in regard to the official communication of the Corresponding Secretary of the Medical Society of the District of Columbia, certifying that Drs. Bowen, Bond, Williams, Crouse, Phillips, and others have forfeited their membership in that society by reason of not having paid their dues for three years, and after repeated notice of the fact and its consequences, that it recommends that their names be stricken from the roll of membership; and also the same action in regard to Dr. D. W. Bliss, who is under sentence of expulsion from that society. Unanimously adopted.

In regard to alumni associations of medical colleges, the committee reported that it does not consider them such medical societies as are intended by the constitution to be eligible for membership; and hence they recommend that no delegates be received from any of the alumni associations of any of the medical colleges from any part of the country. Unanimously agreed to.

In regard to the Pathological Society of Berks county, Pennsylvania, the registration of whose delegates had been postponed on account of the protest alleging the want of good standing on the part of that society, the committee postponed action, from the want of proper evidence.

The committee offered the following:

"*Resolved*, That members of the profession hired by the month or year for definite wages, by families, railroads, manufacturing incorporations, or any money-making institution whatever, for ordinary surgical or medical practice—always excepting eleemosynary and charitable institutions and hospitals—are to be

classed as irregular practitioners, and, therefore, disqualified for membership in this Association or in state or county societies."

*Dr. Weatherby* moved to refer this question back to the state societies. Agreed to.

In regard to the Academy of Medicine of Washington, D. C., the Freedmen's Hospital of the District of Columbia, and the Howard University of Washington, D. C., the registration of whose delegates had been postponed by the Committee of Arrangements on account of want of good standing on the part of those institutions, as indicated by the action of this Association in 1870 and 1871, the committee reported the facts as follows: First, that this Association, at its meeting in San Francisco in 1871, by the emphatic vote of 83 to 26, refused to so amend the constitution as to admit delegates from colleges in which women are taught and graduated in medicine, and from hospitals in which women, graduates in medicine, attend. Second, that this Association, in 1870, declared, by an almost equally emphatic vote, that a medical society constituted in part by members who were not licensed to practice in accordance with the civil law governing such cases in certain States, is not entitled to representation in this Association. Third, that sections 3, 4, and 5 of the act of Congress, passed July, 1838, incorporating the Medical Society of the District of Columbia, and which has been the law regulating the practice of medicine in that district up to the present time, require all persons coming into the district to practice medicine to apply for, and within six months obtain, a license to practice from the Board of Examiners; and to effect that purpose make it a misdemeanor, accompanied by a fine of fifty dollars, to practice without such license. Fourth, that it has been proven by the testimony of several witnesses that the Medical Society of the Academy of Medicine of Washington now contains in full fellowship at least four or five members who have never applied for and obtained licenses to practice, and yet are actually practicing medicine, and three of whom are on the list of delegates sent by that Society to this Association; also, that one of them is a member of the medical staff of the Freedmen's Hospital, and also that several of the faculty of the Howard University are members of the same Academy of Medicine, and one of the teachers is a woman.

In view of these facts, the committee can not regard either of the three institutions named as in good standing, whether tested by civil law, by the former decisions of this Association, or by its

code of ethics; and hence the committee recommends that the delegates from those several institutions be not admitted into this body.

*Dr. Rayburn.* In regard to this question, it seems to me one of the most important that has ever come before the American Medical Association, because it involves, not the right of a few persons only, but it embraces indirectly certain subjects which concern the future welfare and even the existence of this Association. As our system in Washington is different from that of any other part of the country, I ought to say a word about it. There is in the District of Columbia a medical society whose charter authorizes it to give a license to every applicant, either upon examination or upon the exhibition of a diploma. This Society, in the exercise of this right, has claimed in each case the sum of ten dollars. The members of it claim that it is legal to license not only regular, but even irregular, practitioners, and they have licensed homeopathic practitioners.

*Dr. Tyler.* Can the gentleman name a homeopathic practitioner?

*Dr. Rayburn.* I can, sir. Dr. Piper, who died some time ago, had a license.

*Dr. Tyler.* Well, he is dead, and his certificate died with him.

A member said that Dr. Piper was a regular practitioner at the time he procured his license.

*Dr. Rayburn.* I will state in regard to that matter that I have information from the censors of the Society that they would give, and were compelled to give, a license to every man who applied for one. I very much regret that this matter again comes up to-day. Two years ago we had an acrid debate on an allied topic. What is our offense? Take the instance of the Howard University. They claim to receive all who apply for medical education, without making any distinction as to sex or color. If this Association see proper to decide that institutions of that class shall not be represented, of course it has the power, and we must yield; but, at the same time, gentlemen, before you commit yourselves to this course before the world, think what you are doing. The Medical Department of the Harvard University now receives and has graduated young colored men for the profession. Harvard also receives women; and yet you will not condemn them. I hope that the members of this Association will not vote upon this question until they can do so understandingly, because I believe that this is the



real question underlying the whole of this difficulty—that it is the real origin of all this opposition.

I may say of myself that I have never, since the time of our last meeting, had anything to do with the old Society. I had thought and hoped that the old enmity had been buried, and I came here expecting no dispute. I was assured by old members of this Association that there would be no opposition. I see before me men of the highest talent—some of the greatest men of our profession. Will they commit themselves to the idea that only a certain class of men shall be admitted? We may consider that women should not practice medicine, but have we the right to exclude them? Every human being should have the right to the very highest development that God has made them capable of [applause], and I had hoped that the American Medical Association would properly understand the real bearing of this question.

In regard to the candidates who have been refused admission from the Academy of Medicine, I may say that this Academy was founded for the discussion of medical topics, and we who had belonged to the old Society, and had worn that yoke until it galled us, joined the new one that we might express our opinions freely. There is an aristocracy of medicine in the District of Columbia that does not exist anywhere else in the world. I have no doubt it is true that there are some members of the Academy who have not yet received a license from the old Society.

If that licensing board was a protection to the practitioners in the District of Columbia, we would be in favor of it; but these men openly admit that they would be compelled to issue a license to every irregular practitioner who is the possessor of a diploma, no matter how he received it. We formed our new Society for mutual improvement; and had we not that right? I can not think that you will stultify the whole record of the profession by standing upon such a basis as that. We have subscribed to the code of ethics of this Association, and all our members are graduates of regular medical schools, and, I think, are entitled to representation in this body, just as much as any other member in it. The doctors in the Freedmen's Hospital are regular graduates in good standing. The colored physician there is a graduate of a college in Cleveland, Ohio.

The members of the Society of the District of Columbia, so far as I know, have never dared to prove the legality of their charter by the exaction of any fine. Moreover, the whole thing has been

declared to be illegal. Chief Justice Cartter, in a decision in the case of a man who was sued for the penalty required by this Society, stated that although he believed the indictment was irregular, and he quashed it on that ground, there were about forty other reasons why the indictment could not stand. He said he did not believe that the legislature had the right to endow a corporate body with the right to impose a fine for practicing medicine without a license.

Dr. Rayburn, having consumed the ten minutes accorded to him by the rules of the Association, was allowed five minutes longer. When he had concluded, *Dr. Busey*, of the District of Columbia, said :

"I would not have had anything to say on this question if Dr. Rayburn had not assailed the Society which I represent. The first charge he makes is, that it issues licenses to irregular practitioners. If any member will examine the act of Congress which prescribes that that Society shall issue a license to any man who presents a diploma from a regular chartered institution, or who shall pass a regular examination by its board, I think he will agree with me that they have no right to withhold a license from any one who presents such qualifications. It may be that they have granted licenses to homeopathists ; if so, they have presented diplomas from some regular school in this country. But I assert that no man has ever been licensed to practice homeopathy, or any other irregular system, who had to submit to an examination by its board. But let me ask Dr. Rayburn if he is not a member of the Department of Sciences of the Academy."

*Dr. Rayburn.* I will state that I have never attended a meeting.

*Dr. Busey.* I want a direct answer.

*Dr. Rayburn.* I was elected to that Society about a year ago, but I never attended a meeting.

*Dr. Busey.* Now I will ask if the homeopathists are not elected members of that body?

*Dr. Rayburn.* I will state that it is not a medical body.

*Dr. Busey.* It has sent delegates to this body, and the only reason that it has not sent delegates here this year is that they knew we were ready to meet them. One of them did come; but when he found we were ready to meet him he put his hand in his pocket, which was full of credentials, and presented us with one from another place.

*Dr. Rayburn.* I have nothing whatever to do with that Society.

*Dr. Busey.* He then admits that it does elect homeopaths. Now I will ask him if one of the professors in the Howard College is not a member of that Society, and if he was not sent here as a delegate from that Society?

*Dr. Palmer.* I acknowledge—

*Dr. Busey.* That is all; I do not want any speech.

*Dr. Palmer.* I protest that the gentleman has no right to call me out and then deny me the right to explain. I will simply say that that scientific body has a charter from Congress, and it has no right to representation here. It has been so decided; and I have presented no credentials, and I do not know that any one else has presented credentials from it. That is entirely another issue—a question which has nothing to do with this case. In regard to the Howard University, I have the honor of being a professor in that institution, and I hope to be heard in reference to it to-day. There is a cloud darkening over it which seems to obscure the minds of some of the profession here, and I hope that that cloud will be lifted.

*Dr. Busey.* I simply want to show the fact that here were two professors in the Howard University who were members of a society which admitted homeopaths to membership, and I throw this out to meet the charge they have brought against the Society which I have the honor to represent.

*Dr. Palmer.* This Society admits clergymen, and men of all professions.

*Dr. Busey.* The gentleman shall not escape under any quibble. It has various Sections, and I refer now to the Section on Hygiene and Medicine. The second allegation is, that the Society charges a fee, and that it uses that fee for a certain purpose. The charter says that it shall charge a fee of ten dollars. That fee, in part, goes to pay the expenses of the Society, but mainly to pay for the diplomas; and I will venture to say that from 1819 down to the present time there has never been a charge made that a single cent of this money was used for any other than legitimate purposes. The next charge is, that the profession in Washington is an aristocratic one. I do not know what the gentleman means as the distinguishing feature of aristocracy. So far as the licentiates of the Society of the District of Columbia are concerned, the applicants have all been licensed without regard to color, and with-



out a word, without a negative vote. There is no question now, as there was not in 1870, of caste involved in this issue. It is a question of civil law; it is a question of ethics. The members of the Academy of Medicine have not complied with the law of the land; they are practicing medicine in Washington without being licensed by the Society of the District of Columbia. This is a very important question for us to decide. Many of the men who were excluded in 1870 because of this construction of the law, have since complied. The National Medical Society, which was then the organization against which we objected, died; but many of its members, with others, organized what is now called the Academy of Medicine; and it has pursued the same course, though to a less extent. The profession of the District of Columbia does not appear here as a prosecutor; this question has arisen in your Committee of Arrangements. In respect to the last charge, that this law of Congress is illegal, I will say that I supposed the Supreme Court of the United States was the only tribunal which could settle such a question. He says this Society has never maintained its right. It has not, for the simple reason that this Society does not desire to be eternally drawn into court; it prefers to leave such questions to a body capable of deciding them—that is, to you. If the decision of 1870 is adhered to, I venture to say that in 1873 we will meet together in St. Louis without being disturbed by these issues.

*Dr. Bronson*, of Massachusetts. I would like to ask the doctor one question, namely—whether physicians of color have received license to practice from his Society?

*Dr. Busey*. They have.

*Dr. Bronson*. And whether the question of color has anything to do with the question of license from your Society?

*Dr. Busey*. None whatever.

During these conversational remarks, the members in several parts of the house were crying “question,” and some were apparently trying to prevent discussion by hissing and otherwise making a noise. The President soon obtained order, and it was then proposed to adjourn until an early hour in the evening, in order to allow the question to be freely discussed.

*Dr. Hartshorne* said that there was no certainty that the church could be obtained during the evening.

*Dr. Sayre*, of New York. We have heard both sides fully, and we are now ready for a vote.

The cries of "question" were again heard all over the house, and several members rose to make motions.

*President Yandell.* Gentlemen, you must, first of all, sit down. The chair must be sustained in its efforts to preserve order in this Association. [Applause.] No matter what the question, and no matter how excited the gentlemen may grow upon it, this chair intends, with the support of this Association, to preserve order. The chair decides that Dr. Palmer has the floor.

*Dr. Palmer*, of Washington, D. C. I will try to be brief, gentlemen, in explaining to you the position of the Howard University and my position as professor in that institution. It has been said that I am practicing medicine in Washington without having obtained a license from the Society of the District of Columbia. I am not a licentiate of that Society. I have lived in that city but eighteen months, and then only while I lectured in the University during the winter, going North in the summer. I have never practiced medicine there except in my own family and a few of my neighbors'; have never put out my sign, and never taken a fee. In 1866, Congress granted a charter to the Howard University of the most extended character. They have, under that charter, organized departments of law, theology, general science, and literature and medicine. The medical department has seven professors—two from without, and five from within, the District—and they are all licentiates. They have obeyed the code of ethics of the American Medical Association. We are charged in this report with admitting females as students, and it is said that we have a female teacher in our faculty. We have no such thing in our faculty. The trustees have employed a lady as ophthalmologist, and they have asked her to come down and lecture in the University. She is not a professor.

*Dr. Busey.* Is not this lady also a member of the board of surgeons in a public hospital in which certain members of your faculty are consulting physicians and surgeons?

*Dr. Palmer* seemed to admit this, but gave no direct answer.

*Prof. Gross.* The report of the committee does not say that this lady is a professor; it says she is a teacher.

*Dr. Palmer.* She is a teacher there, and she is a lady who is distinguished for her ability as a lecturer in that department. The question then really before us is, whether ladies are to be debarred from teaching and studying medicine. The colored man is also one of the elements underlying this matter. When I presented myself here as a permanent member, I was told by the

secretary that I could not be registered. I have been a member of this Association for more than fifteen years, and the organic law of the Association is, that a permanent member of it may register his name, and if there are accusations to be brought against him he has a right to defend himself. I was not permitted to register, and late on the second day of this session I was informed that charges had been preferred against me. Now, sir, I want to know what I have ever done in this world that is in conflict with the code of ethics, except that I have accepted a position as professor in an institution which admits colored gentlemen and which admits ladies.

*Dr. E. Hartshorne*, of Philadelphia. I rise to a question of privilege. I have to contradict the charge made by Dr. Rayburn in the directest sense. He says he came here without any warning as to the treatment he would receive. I sent a letter to him on the 1st of May, in which I gave him notice of the sentiments of the Committee of Arrangements, and asked him to notify every member applying for admission who was concerned in the movement. I have in my possession the reply of Dr. Rayburn, in which he acknowledges the receipt of that note.

This speech was followed by applause and still greater confusion than before. Loud calls were made for the previous question, to which the President paid no attention, but rapped violently with his gavel and ordered the noisy members to sit down.

*Dr. Rayburn* said that he had been misunderstood; that he had received Dr. Hartshorne's letter, but too late to notify the delegates, some of whom had already left the city.

*Prof. Gross*. I rise to a point of order. The previous question does not admit of discussion.

The din of raps and voices was kept up for some time, until the President at last succeeded in obtaining perfect order. He then decided that the call for the previous question was in order. This was properly seconded, and the main question, the acceptance of the report of the committee, was carried by a very large majority. The Association then adjourned.

During the evening the delegates were entertained by Thos. A. Scott, at his residence on Rittenhouse Square.

*Fourth Day's Proceedings*.—The President appointed the following committee in reference to the publication of a national medical journal: Drs. Pollock, Westmoreland, Talley, Walker, Jackson, Weatherby, and McGuire.



A paper on Yellow Fever, written by Dr. Jones, was sent back to the Association from one of the Sections, as being too voluminous for publication. There was a long discussion as to what disposition should be made of this document.

*Dr. Davis*, of Chicago. This subject is one of vital importance to the scientific part of this Association. I deem it at the very foundation of the scientific value of the Association, and hence I am anxious to get the Sections to understand what seems to me the only feasible mode of disposing of papers. The true course is, to have such papers referred to a sub-committee of the Section. The author of a paper must, in the first place, inform the Section to which it belongs, thirty days beforehand, that he is going to offer it; then, when the Section comes together, it must take the responsibility of putting the paper in the hands of a committee that will examine it and make the necessary recommendation. If a writer presents a paper which is large enough for a book, and if it is meritorious, let the Section return it to him with the recommendation that he get it published, with the indorsement of the Section. If the paper is a very short one, and one that would be creditable to a national body, then let the Section refer it back to its author, with the recommendation that he publish it in some medical journal, with the appendix that his paper has been recommended by his Section. We can thus limit our volume to subjects which are either new, or which possess special merits, and then it will be readable and salable.

On motion of *Dr. Wister*, the paper in question was referred to its author, with a request that he present it next year in time for the Section to examine it, or else that he reduce it in size.

The Secretary announced that the following special committees made reports, which would be published in the Transactions:

On the Structure of the White Blood-Corpuscles; *Dr. J. G. Richardson*, Pennsylvania, Chairman.

On National Health Council; *Dr. Thomas M. Logan*, California, Chairman.

On Nomenclature of Diseases; *Dr. Francis Gurney Smith*, Pennsylvania, Chairman.

On the Cultivation of the Cinchona Tree; *Dr. Lemuel J. Deal*, Philadelphia, Chairman.

*Professor Gross* recommended that the present system of appointing standing committees on Medical Education, Medical

Literature, and Climatology and Epidemics, be abolished, as leading to no good result. His motion to substitute three lecturers to address the Association at its annual meetings on medicine, surgery, and midwifery, was laid on the table.

*Dr. E. Lloyd Howard*, of Maryland, presented a resolution appointing a committee of three, to report, at the next meeting of the Association, a plan for a better arrangement of the Sections, and for the more rigid examination of the papers offered for publication. Agreed to; and the President subsequently appointed on the committee, Drs. Howard, Bronson, and R. E. Rogers.

Dr. Askew, of Delaware, was requested to prepare suitable resolutions relative to the death of Professor Samuel Jackson; the resolutions to be printed in the minutes.

The thanks of the Association were returned to Dr. Pancoast, Dr. Hodge, Col. Thomas A. Scott, the press, the railroads, the medical societies, and others who had entertained and accommodated the members during their sojourn in Philadelphia.

*Dr. H. F. Askew*, of Delaware, offered a series of resolutions recognizing the estimable character, great learning, and valuable services of the late Dr. W. W. Gerhard, of Philadelphia. The resolutions were adopted by a standing vote.

On motion of *Dr. Hartshorne*, the names of Professors Dickson and Jackson received a similar testimonial.

Dr. Da Costa was appointed to prepare resolutions in respect to the memory of Dr. Dickson.

*Dr. Skilman*, of Kentucky, presented a resolution acknowledging the valuable services of Dr. William B. Atkinson as Permanent Secretary of the Association, and appropriating to him an annual salary of \$1,000.

This was discussed at great length, and, on motion of Dr. Davis, it was at last agreed that, in view of the present prosperous condition of the treasury, he should receive from the Association \$500 as a token of their appreciation of his services.

On motion of *Dr. Parsons*, the name of Dr. P. D. Marmion, of New York, was ordered to be expunged from the register, and his case was referred to the Committee on Medical Ethics.

On motion of *Dr. Baldwin*, of Alabama, a special committee was appointed, with Dr. Sullivan as chairman, to consider the relations between physicians and druggists, and report at the next meeting.

*Dr. Reese*, of Brooklyn, offered the following:

“*Resolved*, That, while we admit the right of woman to acquire

medical education, and to practice medicine and surgery in all the departments, we deem the public association of the sexes in our medical schools and at the clinics of our hospitals, as impracticable, unnecessary, and derogatory to the instincts of true modesty in either sex." Indefinitely postponed, without discussion.

*Dr. Yandell* announced that all the business of the session had been disposed of.

After thanking the members, in a short address, for their uniform kindness and courtesy toward him, he declared the meeting adjourned, to meet in St. Louis next May.

In the afternoon, those members of the Association who had so far prolonged their stay in the city, visited Fairmount Park, and, in company with their ladies, partook of a collation which had been prepared for them at Belmont Pavilion.

The various means provided for the entertainment of the delegates to this convention were admirably successful in every respect. The Committee of Arrangements, who had this matter in charge, was composed of Drs. E. Hartshorne, *Chairman*, Richard H. Townsend, John H. Packard, William Pepper, F. F. Maury, James Tyson, S. W. Gross, D. Murray Cheston, *Secretary*. These gentlemen called to their assistance a Committee of Reception, which consisted of R. E. Rogers, *Chairman*, W. S. W. Ruschenberger, R. Bridges, B. H. Rand, F. G. Smith, Jr., Samuel Lewis, A. Nebinger, Caspar Wister, W. B. Atkinson, William L. Knight, R. P. Harris, H. Y. Evans, T. Hewson Bache, and thirty others. The receptions given by the Biological and Microscopical Section, by Thomas A. Scott, Esq., and by Drs. Hugh L. Hodge and William H. Pancoast—the lectures by Prof. R. E. Rogers, Dr. H. D. Noyes, and Dr. J. Solis Cohen,—the excursion to Fairmount Park, and the banquet at Belmont Pavilion—have already been mentioned as forming a portion of the hospitable provision made for the pleasure of the guests by these committees. In addition to these, the visitors received cordial invitations from the numerous hospitals, the medical colleges, and the extensive manufactories of our city.

One of the most marked features among these diversions, however, was the large number of various and interesting objects exhibited in the hall of the College of Physicians, which was thrown open from Tuesday morning until Saturday evening. Besides the vast library and museum already in the college, these committees had gathered together and displayed in the several



rooms some of the most recent and valuable contrivances, devices, and discoveries pertaining to medicine, surgery, and kindred sciences, as well as many precious relics of ancient medical literature.

The west room of the museum was set apart for the display of philosophical apparatus. Prof. Rogers sent a Carré ice-making machine, Ladd's electro-magnetic, and several other similar objects. Prof. Rand was equally generous with the valuable instruments at his disposal. A spectroscope belonging to his collection was always the center of a group of visitors. Dr. Cohen placed in this room some of his rare apparatus for demonstrating the properties of sound. The High School contributed some of its excellent models for teaching hydrostatics and pneumatics, and dealers in such articles sent from New York and Philadelphia a great variety of costly electro-galvanic batteries, telegraph-machines, etc.

The anatomical and pathological specimens were exposed in the east room of the museum. Dr. Turnbull furnished, among many other curiosities, the skeleton of an Indian squaw, with rings, beads, and bracelets, showing her high station when living. The army medical museum sent a Japanese manikin, two hundred and fifty years old, which was so unique and curious as to attract great attention. Prof. Leidy sent from the University a preparation showing a strange freak of nature, the transposition of all the abdominal and thoracic viscera. There were other preparations here, showing the great destruction of bones in railroad fractures, and models of the various parts of the body, among which several representations of the pelvis and its viscera were specially noticeable.

The lecture-room contained pharmaceutical preparations of every description, all of which were displayed in a pleasing manner. They were contributed by Philadelphia dealers, and by the College of Pharmacy.

In the east room of the library were long tables loaded with innumerable surgical and optical instruments, and contrivances for hospital use, chairs for invalids, etc., were disposed in various parts of the room.

The west room of the library was devoted to the exposition of the curiosities of medical literature. One of the cases in this room contained contributions from Drs. Carson and Hutchinson, such as tickets of admission to the lectures delivered at the College of

Philadelphia in 1772 and 1773, a volume of Dr. Kuhn's manuscript lectures, and many other interesting objects connected with the early history of medical teaching in Philadelphia, most of which formed the material from which Prof. Carson prepared his history of the Medical Department of the University of Pennsylvania. Another case contained old works upon small-pox and other diseases, most of them being from the library of Dr. Gilbert. Another contained manuscripts from the same source, and old volumes in Latin from the College library. The fourth case was set apart for such books as the School of Salernum—the many different editions being variously and handsomely bound—the writings of Hippocrates, and many other rare and ancient medical and surgical works.

*Dr. Edward Hartshorne*, in welcoming the members of the Association, said of this exhibition, "This collection is not large—it is not as comprehensive as it might have been; and, although it neither pretends to represent the whole nor the latest advances in this city, still less of the country and elsewhere, yet it is a collection of which we have no reason to be ashamed. We are exceedingly grateful, as we are exceedingly obliged, to the contributors, and to our excellent committee, who have made the exhibition so successful as it has proved to be."

---

**BILLS.**—We always allude to pecuniary matters with reluctance; but printers and paper-makers are as inexorable as bankers. In this issue we shall commence sending out bills to all who are in arrears. We confidently expect a *prompt response*. Our circulation and list of subscribers have each materially increased within the year, but the *cash* has fallen behind. In sending out bills, we are of course liable to mistakes, but all such will be corrected with pleasure.

*Leavenworth Medical Herald.*—We learn from the last issue of this journal that it will now cease to exist in its present shape, but that probably under the energetic magnetism of Drs. Logan and Sinks, there will be a resurrection.

*Location for Sale.*—In our advertising pages will be found the card of a medical gentleman who desires to retire from practice. For any particulars apply to the editor of this journal.

## Editorial.

*Suits for Malpractice.*—Our genial friend of the *Nashville Medical Journal* comments at large on this subject in a recent number. We make a few clippings that will be readable in any latitude:

“Dr. Maxey, of this neighborhood, who died two years ago, at nearly ninety years of age, was among the earliest practitioners of this State. In a professional visit we paid him a little while before his death, he told us many anecdotes of early times here, and among them one in relation to a man who never *would* pay a doctor's bill, and who, from an accident, had to submit to an amputation of a leg. The greatest surgeon in all this primitive land was Dr. White, who was summoned from a distance to perform the operation. Upon the doctor's arrival a crowd of curious people welcomed him, and one very conscientious gentleman took him aside and told him that he must make up his mind to lose his fee, as the patient held it a cardinal doctrine in his creed never, under any circumstances, to pay a doctor. ‘Pooh-pooh, mon,’ replied the doctor, in gude broad Scotch, ‘it is a poor bird that can na feather his ain nest!’ With but little ceremony he took off the poor man's leg, and standing, saw in hand, beside the raw stump, the terrible appearance of which horrified the bystanders, the doctor said, ‘Gentlemen, if I had not cut off this poor man's limb every mother's son of you would have thought me a brute—so I have cut it off; and now, unless among you I get a hundred silver dollars in thirty minutes, I shall go off and leave it just as it is.’ In twenty minutes the patient's family put the hundred dollars in the hands of the doctor, who very leisurely commenced ligating arteries and putting the stump in order.

“It takes two to make a bargain, and the agreement of parties is the law. Now, it would not occasion much trouble or expense for medical societies to have printed blanks, properly drawn up, and for each member to keep a few always in his pocket, and refuse to do anything for any one out of which a suit could grow, until ‘this agreement, made and entered into,’ was properly signed, sealed, and witnessed. The agreement should bind the patient and



his sureties to pay the bill at schedule rates, and himself and assigns not to bring any suit for malpractice, no matter what amount of it any one could see in the result; and, after pocketing the document, proceed to work as did Dr. White, after filling his pocket with Spanish milled dollars."

"People who never pay one doctor always want two. 'We want you to fetch another doctor with you,' one hears every day from those 'poor devils' whom to serve is to invite agony of soul. We secured a law in our city society, after violent opposition, empowering a physician, when thus called on 'to fetch another doctor,' to have his consultant's fee of eight dollars first secured in hand. If it is not raised—and it never is—the attending physician should at once withdraw from the case and let the friends go and 'fetch another doctor.' What any one could oppose such a rule for can only be explained by the fact,

'That human bodies are such fools,  
For a' their colleges and schools,'

As to be always getting in between the sunshine and themselves. Only a day or two ago we heard the smartest woman we ever knew condemning, with withering eloquence, while tears streamed from her eyes, a physician who had practiced forty years on three generations of her family, and was, moreover, her relation, because seven years ago her accomplished daughter, twenty years of age, had died under his professional care, and of whom a consulting physician in the case had said to a third physician, what reached her ears, that 'the young lady ought not to have died!' In other words, *he* could have saved her had she been his patient from the beginning. Thus, the bray of an ass made a woman of great intelligence miserable for life and destroyed the confidence of a large and influential connection in a physician who had labored forty years to cement and indurate it. In the face of such things, is it strange that physicians do not always see sunshine on their winding path?"

*The American Medical Association.*—We express our obligations to the *Medical Times*, of Philadelphia, for a full abstract of the proceedings of the meeting, May 7th, 8th, 9th, and 10th. The meeting appears to have been harmonious, and the scientific contributions up to the average. We are pleased to note that the judicious discrimination of the publication committee of last year,

abridging the size of the volume of Transactions, is regarded as affording a more acceptable volume, as well as materially relieving the press on the treasury, there being now a cash balance on hand of \$1,005.

Probably the most practically important matter considered was the report on education. During all its history this has been prominent in reports and discussions and resolutions, and yet the Association drags slowly to any definite conclusion. This report is by Dr. Weatherby, of Alabama, and advises: 1. That an effort be made to prevent the further granting of medical college charters, except where the standard of the Association is adopted; 2. All charters to be forfeited, except upon the same conditions. All of which is simple bosh. If the Association desires *honestly* to do anything, let it declare a standard that is fair and reasonable, and exclude from its membership all who fail to accept its provisions. The committee also advise a national medical college, a national academy of medicine, and a national medical journal; to all of which we express our clear dissent, but shall await the reading of the report in full before we enter into special discussion.

Dr. S. R. Percy was awarded the prize for essay on "The Physiological Value of Phosphorus as an Organismal Element."

The Society meets in 1873 in the city of St. Louis. Dr. Thos. M. Logan, of California, was elected President—a compliment worthily bestowed. Dr. W. B. Atkinson is retained as Permanent Secretary, of course.

Our readers will find in the report elsewhere an account of the diversions, entertainments, and hospitalities, all of which seem to have been eminently worthy of the great American "medical Mecca," and creditable to the energy and good taste of the executive committee.

*The Ohio State Medical Society* will meet at Portsmouth, Tuesday, June 11th. Members and families will pass over the following roads with reduction of fare on Secretary's certificate:

Marietta and Cincinnati; Cincinnati, Hamilton and Dayton, etc., Hamilton to Richmond, half fare tickets, good till 15th; Cincinnati, Sandusky and Cleveland, to Dayton and return, half fare; Columbus and Hocking Valley, round trip tickets at half fare; Baltimore and Ohio, round trip if twenty-five passengers are secured.

On the Ohio river we learn no reduction in rates will be allowed;

but the hotel rates will be from \$1.50 to \$2 per day. Boats will leave Cincinnati for Portsmouth every day at 4 P. M.

Gentlemen who come prepared to report to the Society, are expected to furnish their manuscript ready at once for the printer, so that the publishing committee may at once prepare the volume for issue. One or two delinquents keep the whole matter in reserve, at the expense of the Society at large.

The meeting will be on the border, but we have indications that the attendance will be large, and, we trust, in every way profitable to the profession.

*Library of Surgeon-General's Office.*—We are indebted to Surgeon Billings, U.S.A., and librarian of library of Surgeon General's office, for varied and valued favors. The catalogue of the library is a beautiful volume, and indicates how we are beginning to accumulate libraries in this country that promise to rival the collections of the Old World. We also take this occasion to acknowledge, from the same source, a series of micro-photograph engravings, as also like engravings illustrating two cases of cancer.

*Dr. H. R. Storer*, of Boston, is seriously ill—so much so, as we regret to learn, that he has indefinitely postponed his proposed usual course of lectures on Diseases of Women this spring.

*Indiana State Medical Society.*—Through the kindness of the Secretary we have received full reports of the sessions, in the city of Indianapolis, May 21st and 22d. So large space is occupied with the report of the American Medical Association, that we regret to be obliged to give simply a synopsis of the meeting.

*Dr. H. P. Ayres*, of Fort Wayne, was President, and delivered his annual address Tuesday afternoon. A large number of delegates were present, and the usual number of new members elected. The usual reports of officers and committees were read and disposed of in the regular order of business.

During the sessions essays were read, by *Dr. Munford*, on Hydrocele; *Dr. Houghton*, on Malignant and Semi-malignant Growths; *Dr. Woolen*, on Parotitis; *Dr. Van Nuys*, on Arsenical Poisoning; *Dr. Thompson*, Anomalies of Refraction and Accommodation; *Dr. Hobbs*, Expert Testimony; *Dr. T. M. Stevens*, Legal Medicine; *Dr. Wright*, Diseases of the Eye and Ear; *Dr. Waterman*, Secondary Effects of Medicines. Resolutions were



presented, and in the main adopted, looking to the more complete organization of the State as to local Societies auxiliary to the State Society, and resolutions on the death of Dr. Curran, of Jeffersonville. Prof. Parvin presented an abstract of the report on Medical Education of the late meeting of the American Medical Association. Various other matters of local and general interest were submitted, and the Association had its usual profitable assemblage.

Dr. Joel Pennington, of Milton, was elected President.

Dr. R. E. Houghton, of Richmond, Vice-President.

Dr. G. V. Woolen, of Indianapolis, Secretary.

And the Society adjourned to meet on the third Tuesday in May, 1873.

*Summer Teaching in Cincinnati.*—The usual supplementary course of teaching given at the Miami College has just closed. The attendance was the largest spring course class ever in attendance in this city, except for graduation. This clearly shows two things: 1. That this city is more and more coming to be recognized as a desirable place to secure all the advantages of a thorough medical education. 2. That more and more the profession, and those proposing to enter it, are coming to understand the need for a better and complete preparation for the duties of a medical life, and are coming to realize the advantage of devoting enough time for a reasonable degree of fitness.

*At the Jefferson Medical College, Philadelphia,* Dr. J. M. Da Costa is elected to fill the vacancy created by the death of Prof. Dickson. We are very sure this appointment will give great satisfaction both to the friends of Dr. Da Costa and to the friends of "Old Jeff." The training of Dr. Da Costa in the department of practical medicine, and his general culture, make him, of all worthy men who have sought that position, peculiarly fit.

*Cincinnati Medical College.*—Drs. Lawson, Tate, Vaughan, Buckner, and Thomas have all resigned their respective chairs in the College. Dr. Anderson resigned his chair before the close of one session.

*The Secretary* of the American Medical Association will issue a correct and full Report of Proceedings in a few days, price fifty cents. Address Dr. W. B. Atkinson, Philadelphia.

THE CINCINNATI

# LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—JULY, 1872—No. 7.

---

## Original Communications.

### *Art. I.—The Hypodermic Use of Morphia and Arsenic in Asiatic Cholera.*

Being Remarks made before the Cincinnati Academy of Medicine by Dr.  
CUNDELL-JULER, Cincinnati, O.

Owing to the success attending the hypodermic injection of morphia, by medical men in Europe, in cases of cholera, requiring but one or two injections, of from one-quarter to one-half a grain, to subdue cramp and vomiting, restore the pulse, and re-establish warmth as well as moistness to the skin, even in those most unpromising cases recorded by Dr. John Patterson, of Constantinople, in the *Medical Times and Gazette* of January 27, 1872, there can be no question that, in the event of a visitation of the cholera epidemic in this country during the present year, that this mode of treatment will be very generally resorted to. In anticipation of this calamity, which may be hurried upon us *sans ceremonie*, at any moment, by some infected ship disembarking her cosmopolitan crew upon our shores, I desire to direct the attention of the profession to the remarks upon this subject made by Dr. J. J. Temple, of Covington, Ky., which may be found in Vol. IX., p. 555, of the *Cincinnati Lancet* for 1866. He having been the first in this

country to suggest the use of the hypodermic injection of morphia in cholera, not being aware of the thought having been before suggested, says: "I have the honor to offer, as a suggestion to medical men, the propriety of using hypodermic injections over the epigastric region of salts of morphia, in such quantity as will most readily and with safety act during the time of violent vomiting and cramps, in Asiatic cholera. This mode of using the remedies, I think, should be attended with favorable results, as it is not immediately expelled the system after its introduction, but remains long enough to make its impression upon, and give its support to the nervous system, through the dreaded contest which is to result in the life or death of the patient." "The salts of morphia," he says, in another part of his paper, "in their several varieties, are, in my opinion, by far the most important. Other remedies, such as strychnine, hemp, and quinine, may be useful as assistants, or even as principals, but morphia I regard as standing paramount in the list." All that has since been written upon the subject of treatment in cholera illustrates the value of Dr. Temple's suggestion, as well as the soundness of his views. There is no doubt that opium, conveyed into the body in one form or another, has always been the chief remedy upon which most medical men have mainly depended in their treatment of cholera; although, in the eager desire to save life, the pardonable use of many absurd remedies and much unnecessary handling of the patient have been resorted to. Almost every known drug in the pharmacopœia has been given, while the most diversified applications have been applied to the body.

During the cholera epidemic of 1848, I held an official position in one of the most deplorable quarters of a city containing over three million inhabitants. Among my patients were persons with neglected diarrheas, who were suddenly seized by cramps and collapse in some hidden away, secluded corners and water-closets, or lying in a half-comatose state, partly uncovered, in beds stowed away in the midst of other beds, occupied by creatures of all nationalities, unconscious or indifferent to the nature of the malady with which their neighbor was afflicted, providing they might obtain their six cents' worth of sleep unmolested in their wretched lodging. Night and day the cry arose for help. I wandered the streets at midnight, dispensing medical comforts, while the sick were borne away to my lazaretto. The very air seemed laden with the pestilence of *cholera Asiatica*. Officials were incessantly em-



ployed. Medical men were struck down in the midst of their labors, leaving the contest to be continued by their brethren, equally bold and unsparing in their labor. Coroners' inquests were held daily. To allay public apprehension, government inspectors were active in obtaining information, as well as in correcting abuses. Medical men were distributing pamphlets, written in their spare time, and enjoying a brief notoriety by their advocacy of some new nostrum. The poor were provided with better accommodation, and furnished with nourishment. At the risk of incurring the consequences of their hostility, muck heaps were removed, cess-pools scoured with disinfectants, and filth generally sent to the right about, lime distributed, and the air made salubrious with chlorine gas. Death, with its heavy hand, smote down its victims. Ministers of the gospel and grave-diggers sought to head their duties by temporarily depositing the dead in the church vaults, to be buried when there was more leisure. Here, with the aid of a fee, which is the "open sesame" to a poor foreigner's heart, I was allowed to drag the dead from their coffins, uncover their brains, and examine their viscera, in the enthusiastic pursuit of the secrets therein hidden. A poor district in a great city, visited by an epidemic, creates a sudden heaving and awakening in the midst of stagnant poverty. The degraded creatures, always more degraded, yet more intelligent, in cities than in country places, for the nonce feel the pressure of the chains their own hands imposed upon them. Becoming restless and discontented, they blame society for the consequences of their own actions; in passionate language refer to their supposed rights or claims upon the governing classes. Thus petted during the prevalence of the panic, by those who would limit the area of the epidemic, they become bold in their opposition to the best intentions of medical men, and revolutionary in their modes of thought, and eventually in their actions also. Suddenly enriched, the porters, hired from the work-houses, often leave the poor sufferers *in transitu* from the lodging-house to the hospital, encased in coffin-like cots, at the doorway of some gin-palace, while they expended their earnings in spirituous drinks, in order to break through the monotony of their wretched lives by the extravagances of drunkenness; thus leaving their burden to be borne to its destination by me, with the assistance of any accidental passer-by. At length, the privilege of holding a post mortem upon the child of a man confederate with those who had been convicted of murdering individuals in order to obtain money from

medical colleges by the sale of their bodies, was denied me. The chamber wherein we were engaged was attacked by an infuriated mob. The door had to be made secure upon the inside, and when the *sectio-cadaveris* was completed, we were only saved from injury by the active interference of the police.

But wherefore the necessity for this labor? In treating disease we have but one object in common—to man successfully the breach, to learn the strength of the enemy, and conquer him in his stronghold. The practice adopted in the treatment of cholera was as vague and vacillating as the doctrines that were taught. The poison causing the disease was said to be in the blood, without giving any information as to the nature of the poison that had to be encountered and expelled from the system. Saline drinks were given to replace waste of serum; capsicums and confection of pepper to solace the stomach; opium and sedatives to deaden sensibility; brandy and stimulants to keep alight the flickering flame of life; ether and camphor, with warm applications externally, to stimulate the heart and blood-vessels, and diffuse warmth to the surface; whereas, for the blisters, sinapisms and turpentine stupes, with such a theory as I then had of their action, they had been more mercifully applied to my own body than on that of my patient. I was incompetent to grapple with the disease. The post mortems in cases where death had occurred during the crisis of the malady, showed that there had been such a contraction of the walls of the heart, arteries, intestines, and bladder, that very little blood had been left in the system to be purified, while that remaining was thick and dark colored, being confined chiefly to the right side of the heart, the veins and cerebral sinuses. Comparing the blood-vessels to a hose, it was not the contents of the hose that seemed at fault, but some unseen hand that gripped too tightly, reducing its caliber, and driving out of the body what was intended for its sustenance. Post mortems were resorted to with the hope that more light would be vouchsafed to me. In cholera typhoid, that followed cholera asphyxia, a great and incomprehensible change had taken place in the condition of the structures of the body. An evident reaction had occurred. Instead of the skin being shrunk and wrinkled, it was rather marked at times with a maculated papular or erythematous exanthema. Instead of the cerebral substance being dry and hard, a section exposed myriads of red spots, while the cerebral membranes were injected. In place of the heart being contracted and hard, it was overfilled, while the lining of its

large vessels was greatly infiltrated. The previously contracted arteries and capillaries now gaped open, without power to close upon their contents, thus needing the necessary impetus to the onward flow and consummation of the due arterialization of the blood. Hence the liver was hyperæmic, the kidneys vascular, the lungs were no longer dry, but often the seat of lobar pneumonia and extensive œdema, while patches of mucous membrane of the bowels were brown and sloughy. Why would not the derivative action of blisters to the nape of the neck relieve the coma, and why should that person, before so deficient of blood, now die from symptoms of too much blood—in fact, from a series of congestive or inflammatory symptoms, that recognized remedies failed to cure?

With the experience thus obtained, and the subsequent knowledge from reading, I learned to recognize the hand that did all the mischief, and thus was the better able to treat cases when next called upon to do so, in 1852. For, while I had been puzzling over the microscope and test tubes, in the wards of hospitals, in search of the blood poison, the phenomena developed in the disease were, in reality, but the exaggerated effect of an abnormal stimulus to the nerve centers, exhausting the sensory nerve and ganglia, and the extensive intestinal disease paralyzing the sympathetic. The very appearance of the patient when living, justified the hypothesis that the grave symptoms of cholera were due to exhaustion of ganglionic nerve force and loss of nutrition in the sensory fibrils, for reasons that have been explained by Dr. Waller. It was evident that an irritation must have been produced upon the peripheral nerve filaments of the small intestines, for the whole tract is found sodden with edematous infiltration, after death from cholera. Indeed, the rapidity with which the patients changed, the great disturbance of all the functions, the pulselessness, coldness, suppression of urine, *vox cholericæ*, *facies cholericæ*, lack of contractility in the skin, were all due, as Niemeyer has remarked, to the first lesion in the intestinal canal, which, had it been checked when apparently but a simple and harmless diarrhœa, would never have left the patient stranded on the shores of death.

Other disorders, as severe chronic dyspepsia, dysentery, etc., will give rise to *facies cholericæ*, while perforation of the duodenum has been diagnosed in Germany as *cholera sicca*.

Therefore, the true indication in cholera epidemics is, to isolate cholera patients, to prevent the development of the supposed cause of cholera in the dejections, by the early application of disinfect-



ants or fire to the same, to cure the premonitory diarrhea by chalk, opium, and astringents. But when this simple cholera diarrhea is suddenly transformed, sometimes in a marvelously brief period, to cholericine, the walls of the stomach becoming irregular and spasmodic in their action, while the limbs are seized with cramps, showing the want of nourishment, and lost power in the nervous centers, then Dr. Temple's suggestion becomes invaluable, as the morphia "is not immediately expelled the system after its introduction, but remains long enough to make its impression upon and give its support to the nervous system, through the dreaded contest which is to result in the life or death of the patient." In cholericine, it is not so much our object to check the diarrhea, as it is to protect the nervous system from any undue waste of force, carrying the patient safely through a crisis while that nervous force is being equally distributed, by the sedative action upon the nerves of a hypodermic injection of a watery solution of one-twentieth of a grain of arsenious acid twice in twenty-four hours, relieving the immediate symptoms with morphia in the manner suggested by Dr. Temple. There are cases recorded of cholera being cured by the sedative action of arsenic alone. Should, however, external means be deemed necessary to prevent the driving of the blood to the capillaries of the bowels, to the draining away of nearly a fifth of the person's weight per anum, by the spasmodic contraction of the blood-vessels going to the periphery, then the patient might be seated in a chair over a saucer of ignited whisky, the whole enveloped in blankets, till energetic diaphoresis has taken place, keeping the patient in bed between blankets, providing the bowels are more quiescent, till he has had a formed stool. Thus we may save him from passing into the ultimate stages of the disease, where we have paralysis of the nerves presiding over the functions of organic life, or an attempt at reaction in cholera typhoid, in which case the patient is usually carried off by the sequelar that follow cholera asphyxia. Dr. Chapman made use of the ice-bag in the treatment of cholera at Southampton, but I learned in conversation with friends in New York that his treatment was very unsuccessful.

In cholera typhoid, diaphoretics and counter-irritants would be worse than useless. The nervous system lies prostrated in a wholly exhausted condition; there has to be a replenishment of lost material in the nerve centers, before they can become suscep-

tible to remote impressions. I would endeavor to nurture and increase the nerve power in the ganglionic cells, giving the patient, when able to take nutriment, phosphorus-bearing eggs, and fat-bearing milk, to nourish the brain substance, while seeking to vitalize the nerve force thus obtained by alternations of heat and cold to the surface of the skin; assisting nature to distribute it equally, by the application of cold to that part of the spine from whence the nerves supplying the diseased part may arise, with the idea that, thus stimulated, a counter action might take place upon the distal filaments of the nerves, causing a contraction of the dilated blood-vessels, and a dislodgment of their contents, before hemorrhagic infarctions have had time to take place.

---

*Art. II.—Case of Puerperal Convulsions.*

By W. E. TUCKER, M. D., Point Isabel, Ohio.

Was called to see Mrs. A. at four o'clock, on the morning of April 12, 1872. Found her in labor, third presentation of the occiput; head at the superior strait. She was a woman of full habits, and has had remarkably good health during her life. This was her second confinement, having given birth to a child about five years since. Her pains were regular, and of usual force, and she was delivered of a living male child at eleven o'clock A. M. I remained about half an hour after the birth of the child, during which time I questioned her in regard to her feelings, and she told me that she was very comfortable. I asked her in regard to her head, and she informed me that it did not hurt her in the least. She was perfectly rational, and I did not apprehend any danger at all. (I should have stated that the placenta came away entire, about two minutes after the birth of the child.) Thinking all was right, left her after giving the usual directions in regard to the lying-in; but had not been at home to exceed five minutes, when her husband came in great haste and told me that she had had a hard fit. I hastened to her residence as soon as possible, and found her in an insensible condition. As soon as she recovered sufficient to swallow, gave her in combination:

R. Hydrat. chloral, ʒi.

Bromide potassa, ʒss.

Which produced sleep in a few minutes. Being called away, did not return for about three hours, and upon entering her chamber, found the medicine had partially lost its effect, and before I could get another portion ready, she had another very hard convulsion. With all possible haste I bled her, taking one pint and a half of blood. While I was bleeding her, she had another convulsion. As soon as she could swallow, gave her another dose of the combination above named, and kept her under the influence of the medicine all the time, but it was with much difficulty that I could get her to swallow; had to give small doses, frequently repeated. Her pulse, during the evening, was one hundred and fifty per minute; had another convulsion five o'clock, not quite so hard as those previous; after which she was very restless, requiring two and three to keep her in bed. Continued the use of the chloral and bromide potassa in as large quantities as I could get her to swallow. Had another convulsion at eight o'clock; after which it required three and four men to keep her in bed. The restlessness was so great that I commenced the use of chloroform by inhalation to quiet her, and continued the use of it with the other medicines during the night. At four o'clock all the chloroform we had was consumed. The restlessness continuing, commenced using sulphuric ether by inhalation, from the effects of which she slept longer; had only to use twice until this great excitement of the system was overcome; used it at four and five o'clock. After this, by the use of the combination of potassa and chloral, she rested well, having no more convulsions. At twelve M. of the 13th, she again became restless; but by using the ether, she was again quieted, after which there was no occasion for the use of the ether during her illness. At one o'clock of the 13th, I gave her a large portion of Rochelle and Crab. Or. salts, which produced three large operations of the bowels. Her pulse, during this day, was one hundred and forty per minute. At six P. M. gave her a full dose of Norwood's tinct. veratrum viride, and continued its use every hour during the night, with the sedatives to the nervous system above named.

Her condition on the morning of the 14th was somewhat improved, having rested well during the latter part of the night. Pulse one hundred and thirty per minute. Was rational, with the exception of the influence of the medicine. Continued the use of the veratrum every two hours, five drops as a dose; and the chloral and bromide potassa every three hours, twenty grains of



each as a dose. Gave her, as a diet, maranta, prepared with milk, one tablespoonful of whisky to the pint of the mixture. She used, during the day, one pint of this preparation. Her pulse in the evening was one hundred and twenty-five per minute; the pain in her head was gone. Continued the treatment during the night.

Morning of the 15th. Slept well during the night; pulse one hundred and eighteen; no pain in the head; breasts filled with milk. Continued the same treatment, reducing the quantity of medicine, taking one-half. Gave another portion of the purgative above named, which produced two motions of the bowels; pulse continued the same during the day. Continued the same diet.

Morning of the 16th. Slept well during the night; pulse one hundred and eight; complains of no pain except in the lumbar region. Discontinue the use of the hydrate chloral, and give ten grains bromide potassa every four hours, with one teaspoonful spirits nitre dulc., every three hours. Pulse continued the same during the day; gave at night two pills, equal parts of blue mass, ext. dandelion, and ext. hyoseyami.

Morning of the 17th. Pulse ninety-six; rested well during last night, sleeping nearly all the time; skin moist; pain in the back gone; free actions on the urinary organs. Ordered same diet continued and another dose of Crab Or. and Rochelle salts.

Eighteenth, 12 M. Pulse eighty; all the secretions in a normal state; patient out of danger; discontinue my visits, with some directions in regard to her diet, bowels, etc.

There are three points connected with this case, which I think worthy the consideration of the profession: 1. In regard to the cause of the convulsions. The labor was not of very great duration, and not a severe one in any respect, more than is common with women. The placenta came away almost immediately after the birth of the child. The discharge from the vagina was as copious, if not more so, than is usual after confinement. The bowels had been freely moved the night of her confinement, and she passed her urine freely just before the delivery. Neither had she been subject to any attacks of this nature. Although there exists in the family a predisposition to epilepsy, I would ask the question: Could an existing diathesis to epilepsy produce, assist in producing, or have any connection whatever with, or act as an exciting cause of puerperal convulsions? If not, we can assign no other cause than albuminuria.

2. The use of hydrate of chloral and bromide of potassa, in cases of this kind. In the case under consideration, while fully under the influence of these medicines the first time, there were no more convulsions until it had, to some extent, lost its effect. Having used these medicines in combination, in cases somewhat similar, we are fully convinced they are of great value, next only to chloroform and ether as regards medicines in the treatment of puerperal convulsions (the lancet, of course, being indispensable).

3. The use of sulphuric ether by inhalation, in cases of this nature. It was the first time that I ever used it in convulsions, always preferring chloroform, but the effects of the ether, in this case, was very satisfactory indeed, producing sleep in less time, and remained under its influence much longer, using it only twice until the restlessness was subdued. Should another case present itself, I would not hesitate in the use of sul. ether, or at least in combination with chloroform, by inhalation. Would be pleased to hear from the profession in regard to the three thoughts presented in the last part of the article.

---

### Art. III.—Parotitis.

By B. F. RECORDS, M. D., Paradise, Mo.

*Editor of the Lancet and Observer:* Writers generally treat of "mumps" as a very trivial disease, hardly worth consideration; and I grant that, where it is not translated by metastasis to other organs, it *is* trivial. Some of our most eminent authorities have never seen anything but the simplest forms, judging by what Prof. Austin Flint, Sen., says of it. He says, in regard to the metastasis, that: "This must be extremely rare. I have met with but a *single* example." Prof. Wood speaks of it as more common, "especially in young males approaching manhood." Watson says, "that, in *many* cases, upon the subsidence of the swelling of the neck and throat, and particularly when it *subsides* quickly, the *testicles*, in the male sex, become swollen and tender." Tanner says: "Occasionally, during or after the decline (of the inflammation of the salivary glands), the testicles or mammæ become painful and swollen."

I have given the views of those experienced writers, that you may see at a glance the disparity, and of course *their* conclusions have been drawn from a large experience.

I propose to give some little account of the disease as it appeared *here* the last winter and spring, and I undertake it the more readily as it manifested a disposition to great gravity. In other words, it was *not* a trivial disease by any means. It has been holding high carnival here for the last four months, but is now abating.

I think I am safe in asserting that, in at least seventy-five per cent. of all those having the disease, there was metastasis to some other organ. In fifty per cent. it was transmitted to the testicles. In the rest, or twenty-five per cent., it went to the *stomach*, brain, etc. So you see that only about a fourth of those attacked escaped with ordinary parotitis. In one case there was no parotitis at all, but the testis was the seat of the original attack! In another, a lady *enciente* three months, as soon as the swelling subsided from the parotid (which it did quickly), uterine hemorrhage, with severe labor pains, set up, and threatened an abortion! One man, whose glandular swelling was slight, followed by metastasis to the testicles, brain, and stomach simultaneously, became insane after the febrile symptoms had been subdued, and remained so several days after he was otherwise convalescent. After he became rational he had severe neuralgia, which also yielded readily to treatment. In quite a number of cases the swelling would subside and gastric irritation would follow, with emesis and constant retching, lasting two or three days. These last cases were altogether children under fourteen. In all cases where there was a transmission to the head, the suffering was very severe, requiring medical aid.

Watson speaks of the disease moving from the neck to the testicles, *thence* to the brain. In all my cases, I saw no such metastasis; but the brain and testicles were affected at the same time. In some the transmission would be to the brain, while the testicles would be free, and *vice versa*.

All the above authors speak of the *mammæ* being the location for the metastasis in the female, and of course they have so witnessed it; but there was no swelling or soreness of the *mammæ* in any case that came under my observation.

The disease has occurred to persons here in several cases the second time, and in one case an intelligent lady informed me that



she was then having her *third attack*! This is curious, yet it is true I have no doubt.

I have written this to prove that the disease is capable of becoming quite a grave one, instead of the trivial thing I was taught to regard it.

It is not a trivial thing to treat cerebral affections, let the cause be what it may. It is a serious affair when a physician has an intelligent, useful, and influential patient lose his reason and become a subject for the asylum, as I feared one of my cases was going to do, and as one did in this county some years back, as I am credibly informed. Neither is it a light thing or "laughing matter" to the *patient* to become sterile or lose his ability to enjoy the pleasures of *coitus*, which has happened in a few instances where the orchitis has terminated in atrophy of the testicles. Then, as the disease may assume formidable proportions, so should the *treatment* be adapted to render it harmless. The disease, as it was formerly treated ran its course without any interference, and I gave ordinary general treatment a fair trial, and did not see that I did my patients much good until I changed my plan, and tried one not heretofore mentioned.

In the first place, when my advice is sought early, or as soon as soreness with stiffness of the jaws is felt, I direct patient to go on about his usual vocation as if nothing was wrong, and *not* confine himself to the house and tie up his jaws, or use any embrocations, liniments, or medicines whatever, as heretofore ordered, but just consider himself safer with his mumps uncovered and uncared-for than he would be while confined to a warm room sweating himself with hot flannels, fomentations, or greasy, nasty compounds applied to his neck. There is no surer way to cause metastasis in this disease than to follow the "books." This I *know* from experience, which is worth more than a thousand fine-spun, cut-and-dried theories. In all cases, where my directions were followed, there was *only simple parotitis with no metastasis!* and per consequence, I lost several fees for my good advice. I shall not attempt to give the theory in a case so plain that I think every intelligent physician will acknowledge it upon a moment's thought; that for a farmer or mechanic, whose life is spent in the open air, to be confined to a hot room, as above said, if he was well when he began his treatment, he would be sick enough in a day or two to call for his physician.

In the next place, when they have followed the "books," and I

am called, I proceed to treat *symptoms*, or meet the indications. If there is great pain in the head, a blister is indispensable. Where there is much fever, I meet that with sedative diaphoretics, and use fomentations to the scrotum—not that I have much faith in local applications, but because the patient must be pleased, and that will be satisfactory. But I rely now on *turpentine* as the remedy. How it acts you know as well as I; but certain it is that in every case, without a *single* exception, where I gave it, the disease was shortened, and my patients were happy and comfortable in from twelve to thirty-six hours. I give all that the patient can bear. The first case that I treated in that way was a young man who had been under treatment by another physician for some days, and he being dismissed, I was called, and found him with fever, and suffering severely with his orchitis. His tongue being heavily coated, brown, dry, etc., I put him on turpentine for its effect on the secretions, and I was surprised at my next visit to find him convalescent; so I tried it again in another case, with like results, and so on until I became satisfied as to its power of relieving the swelled testicles. I now consider it a specific in such cases.

Now, you see that I have wandered from authority, but where our authors are blind, should their sight not be restored? *Sit lux et lux fuit.*

---

*Cold Ablutions in Fever in Puerperio.*—Dr. Meding resorted, in two cases (*Arch. f. Heilk.*, 12, 3, *Rundsch.*, August, 1871) of a high grade of fever in puerperio, to repeated cold ablutions, and is especially pleased with the result. The patients had a temperature of 41.5, and one case was highly somnolent. “As long as the ablutions” were repeated regularly every hour, the temperature fell, regular sleep followed, and the mind became clear. Generally, however, when the ablutions were omitted, the temperature again rose, to fall again after energetic ablution. He is further convinced that the temperature may be more rapidly diminished when all medical treatment is omitted. Of the author’s cases the result, a recovery, is given in one instance only; his diagnosis in this case was “a typhous form of puerperal fever.”

## Translations.

### *Aphasia.*

Par ADRIEN PROUST, *Professeur agrege a la Faculte de Medecine.* Translated from the "Archives Generales," by THOMAS C. MINOR, M. D.

Louisa X., aged 22, flower girl, entered the "hospital" December, 1869. I observed this young woman at the time I took the place of Prof. Bouillaud. This patient has since died. She presented, at the autopsy, a softening, with atrophy of all the anterior left lobe of the brain. This woman, who was affected by syphilis, has had several attacks, with loss of consciousness; examination has shown the commencement of right hemiplegia, and soon after the contraction of the limbs on that side.

She was treated, without success, with preparations of mercury and iodine. I examined her in the intervals of her attacks, when her intelligence had reappeared. This woman was, in fact, an example of aphasia, entering into the second class that I have established (aphasia, with complex symptoms); while that those whose history I have reported must be put in the first variety (aphasia, without any complication).

In Louisa, the lesion had produced many disorders—hemiplegia, contraction, loss of consciousness, etc. It was necessary to separate these different phenomena, and wait, in order to better study the aphasic troubles, until the intellectual troubles had either disappeared, or were at least palliated. Now, I will tell you the results obtained, indicating only the conclusions, without entering into details.

1. *Examination of Louisa—Studies upon the Perception of External Things.*—There was a right appreciation in our patients of ideas furnished by the senses; perception of the different signs of language; Louisa was conscious of errors she committed.

2. Integrity of the perception of wants and moral sentiments; preservation of will.

3. *Studies on the Memory.*—Memory of things: she knew the objects and their uses. Memory of words: Louisa recognized the word written and spoken. On seeing an object she knew she



could represent the name of it; however, it was impossible for her to speak or write it; but almost always she could indicate the number of letters in the word. So, then, Louisa did not have amnesia; she had not lost the memory of words.

4. *Studies on Discourse*.—Can Louisa construct a proposition—associate propositions? Confirmatory experiment: she wrote to my address a letter of four lines, perfectly correct, and coordinated.

Such is the intelligence of Louisa; she perceives external things; she has preserved her memory; she perceives her wants, her feelings, her thoughts; she uses her judgment; reasons; and, may be, sometimes translates her thoughts by writing.

It is proved, I believe, that it is neither deficient intelligence, neither deficient memory of words, which prevents our patient from expressing herself, of making known, by language, that which she thinks, feels, or wishes.

All authors have remarked, that among aphasic patients, the lesion of intelligence was never sufficient to explain the trouble of language; aphasic patients have more intelligence than it is necessary to speak of.

But some say that aphasia is a verbal amnesia; our experiments prove that is nothing of the sort; which is not saying that verbal amnesia can never be associated with aphasia.

So we have proved that in pathology, the same as in physiology, the expressive modes of thought are distinct, independent; that thought may exist and act without the aid of language. We can now penetrate, without fear, into the clinical study of aphasia, in order to examine the causes which engender it, and in order to determine the anatomical conditions with which it is found connected.

*Clinical Study of Aphasia—Varieties*.—The alteration of artificial language, which constitutes aphasia, varies as to its intensity. Sometimes aphasia is wholly a partial trouble, and only bears upon a certain number of expressions; at other times it is absolute, and the patient can only articulate a single word. Between these extremes there are an intermediate number, so the confusion is still more increased.

Thus, in a recent work\* full of rich and rare documents, the au-

---

\*Bateman, Aphasia, or Loss of Speech in Cerebral Affections. Translated by Villard (Gazette Hebdomadaire, 1869).

thor has included under the name of aphasics deaf mutes. Without wishing to multiply the numerous examples of these errors, I will content myself in passing briefly in review the principal varieties of aphasia.

My intention is not, however, to reproduce here all the observations concerning the troubles of speech which merit the name aphasia, and to give a complete description of it; this work has been done so frequently, and in such a conscientious manner, that it is not necessary to refer to it. Those wishing to consult the subject most fully should read the excellent articles of Falvet, and especially that consecrated to this question in the *Dictionnaire Encyclopedique des Sciences Medicales* (article *Aphasie*).

The loss of language may only be partial. I have seen a patient in whom the aphasia confined itself to the loss of proper names, names of men, of streets. "I have seen your friend—who lives—"

Others, understanding several languages, have forgotten only one of them.

An Italian, who had lived in France for a long time, was attacked by aphasia. He still understood his mother tongue, but became incapable of speaking it, and spoke nothing but French.

Dr. Beattie mentions the case of a man who, after having received a blow on the head, lost his knowledge of Greek, and preserved his use of other languages.

Lordat reports the case of an old priest at "Saint Guillet le Desert," who could, at least, express himself in French, but said what he wished in Languedoc.

Some patients can not say the word itself, and are obliged to have recourse to periphrase. In a case of Dr. Bermann, the patient, incapable of pronouncing the word *scissor*, said, "*That which one cuts with.*"

Piony relates the case of an old priest who, after an attack of paralysis of the right side, entirely lost the use of substantives. If he wished to ask for his hat, this unfortunate word hat put him totally at fault, and he made use of verbs, pronouns, and adjectives, to the end of expressing his thoughts. "Give me that which is put upon the—;" but the word head he could not say.

Trousseau reports the case of a lawyer, a man of fine conversational powers, who treated all questions in a brilliant manner, and could not, in the meanwhile, ask his wife for his hat. "Give

me my—my—s—morning—you know what I mean" (placing his hand on his head).

"You wish your hat?"

"Ah! yes; my hat."

In these cases it is often difficult to say whether there is aphasia or simply amnesia. I shall refer to this distinction, so important from a prognostic point of view, when I shall have established the diagnosis of aphasia and amnesia.

Some aphasic patients always repeat the same phrase, the same name, or a union of words not having any sense.

A woman, Destebin, observed by Trousseau, answered to all questions asked her: "Ah! then, this is annoying."

Another, observed by Duchenne, of Boulogne, made his bargains, arranged his affairs, and only knew how to say: "By G-d."

A patient, d'Auburtin, always repeated the same oath.

Marcou (Trousseau) invariably answered, "In faith, by my heart."

Selong (observed by Broca) could only respond: Yes, no, thy, and always.

Others say the contrary of what they wish to say.

A lady receiving one of her friends, exclaims: "C—animal, devilish beast." Her son-in-law replies, saying: "Madam invites you to sit down."

Franck knew a Polish lady, who said: *Yaka durna*, instead of *yaka dobra*. (In Polish, *yaka durna* means, then you are a beast! *Yaka dobra* signifies, then you are well!)

Franck likewise remarked in some cases of aphasia the phenomena of echo.

"How are you?" The patient replies: "You."

Other examples of echo have been cited; but does it arise from aphasia? Finally, some patients can only pronounce one or two words.

Some constantly say, yes; others constantly say, no; and thus, whatever may be the response affirmative or negative that they wish to make. Often at the same time, in saying yes, they make a negative sign with the head; this is an excellent clinical sign of aphasia.

Broca's patient always used the monosyllables *tau*, *tau*.

One of Trousseau's patients repeated the word *momentif*, and if by chance he could pronounce other words, he always gave them



the termination *tif*; monsieur, *montif*; vendrede, *ventif*; bonjour, *bontif*. Another patient of Trousseau's repeated: Consisi.

Another of the same observers: Nasi bonsi, nasi bonsi.

Adele Ancelin (Trousseau) said, "Ah! unfortunate, unfortunate."

Another still: "Ah! fool."

How long have you been sick? "Ah! fool."

How old are you? "Ah! fool."

Do you suffer? "Ah! fool."

Will you eat? "Ah! fool."

A patient of Charcot's could only articulate the monosyllable *ta*, *ta*, *ta*.

Finally, an employe of the "Russian Empire," observed by Galezowski, only knew how to say *da da* (*da*, in Russian, means yes).

Among the various patients, some can not say at will one word, but are capable of repeating it after having heard it pronounced; in these cases amnesia is evident. Others have not, at the same time, this power, and this is the one important clinical characteristic of aphasia.

I observed lately a patient who, sometimes finding spontaneously the word, is often, in spite of this fact, incapable of repeating it.

Others, saying a certain word, know not how to invert the syllables of it. Thus, the patient who always repeats *consisi*, can never say *si*, *si*, and it was only with great difficulty that he repeated *con*, *con*.

Another, observed by Perroud (of Lyons), could say, bonjour, monsieur, but he could not say *bon*, *bon*.

Sometimes, it takes the patients a long time to find a word; at other times it is uttered with energy as if they feared forgetting it.

I showed an aphasic patient my foot; she cried out with precipitation, boot. I showed her my ring, and she said with the same quickness, little finger. It will be said that she feared the meaning of the word to be pronounced might escape her.

Such are the different varieties of aphasia, but the extent of the symptom is not always the same at all epochs of the disease, and, although the aphasic patient may be slightly susceptible to education, it often happens that such aphasics who, at the beginning, could only say one word—yes or no—toward the end arrange a certain number of expressions, construe phrases at the same

time. This progress is observed likewise in the reading and writing of which the alteration is almost always similar to the alteration of speech.

I have already shown to what extent *reading* was disturbed in my aphasic patients. *Mental reading* was preserved; my patients understood perfectly what they read. One of them read very rapidly and so well, as to be able, in one day, to finish the whole of a romance.

I am convinced that this is frequently the case among aphasic patients, and that among them mental reading must almost always be preserved. I have cited contradictory cases (Adele Ancelin, for instance, who read for the space of several months the same page of the "Month of Mary"); but the majority of these cases answer to complex cases. Among these patients, the lesion at the same time that it affects language, has attacked the intelligence. This confusion is one of the reasons which has so much obscured the study of aphasia; it must be carefully put aside in the ulterior observation.

Regarding *verbal reading*, it is always altered, and the extent of the lesion is in ratio with the alteration of speech.

The patients read badly; the sounds they utter are only a series of intonations without any signification, but they are perfectly conscious of their infirmity; and if they read some words in a proper way they underline them. It is the same when they are asked to name printed letters; sometimes they find them, sometimes they are deceived, but they always have a perfect consciousness of their success or failure. It is evident that this power is very variable among aphasic patients. I could cite numerous examples derived from various authors, but these cases are known, and I will pass on to *writing*.

The power of writing, among aphasic patients, must be carefully distinguished; following that they copy, that they improvise a word, a phrase, or that they have to write the name of an object that one presents to them. This difference will be very sensible, and it will exist likewise as regards music and design.

One of the patients whom I observed, could copy perfectly a great number of phrases, and at the same time without much fatigue; but she had great difficulty in writing the name of an object that I presented to her; in the meanwhile she recognized her errors perfectly. It is this same patient, of whom I spoke

previously who wrote *mon-che* for *montre*, and underlined her mistake.

The power of writing is far from being always as well preserved: Paquet (Trousseau) wrote *consisi* when he was asked to write his name.

Another before writing spoon, wrote her name: Marie K.

I do not insist upon the intermediates of these extreme cases. I will make only a remark regarding *calculation*. It obeys following that it is *spoken, read, written*, in an almost complete fashion the modifications of *speech*, of *reading*, and of *writing*; the patients count very well upon their fingers; they make understood the number they wish to say, but it is often very difficult for them to speak it, to read it, or to write it.

The case of the patient, confined at the "St. Vincent Hospital," was in this respect full of interest.

She could work sums in addition, in fact very difficult sums in addition; she counted mentally and also by means of a pen. It was the same with her subtraction.

$$80-19=61.$$

$$113-44=69, \text{ etc., etc.}$$

She succeeded less well with multiplication and division, but in summing up the result was still passable.

In the meantime, when it became necessary to speak the figures, the difficulty was much more great.

This facility of numeration is a new argument in favor of the preservation of intelligence.

Wishing to know what could be done, in regard to calculation, Professor Broca tried the same experiments on one of his patients, and came to the same before-mentioned conclusions.

His patient could only employ the word *three*, but the applications he would make of it were extremely curious. This word was always accompanied by a sign made with the fingers, because this patient, knowing that his tongue betrayed his thoughts, thus rectified by gesture this involuntary error.

How many years is it since you were at Bicetre? *Three*, and he raises eight fingers.

Have you any children? *Yes*.

How many? *Three*, and he raises four fingers.

How many boys? *Three*, and he holds up two fingers.

How many girls? *Three*, and he still raises two fingers.

All this was perfectly exact.



Do you know how to tell the time by a watch? Yes.

What time is it? *Three*, and he holds up ten fingers (it was ten o'clock).

How old are you? I waited, says Mr. Broca, to see him open both hands eight times, and afterward hold up four fingers, for I knew his age was eighty-four. Instead of that, he only made two gestures saying *three*, and I thought for an instant that he had lost the motion of numbers greater than ten.

But the *interne* made a remark which suddenly revealed to me that he knew his age very well and that his count was perfect. At the first gesture he had raised eight fingers; at the second gesture he had raised four. This he wished to mean, without doubt, eight tens four units. The thing was worthy, at least, of being verified; I repeated the question, and he made exactly the same signs accompanied by the word *three*. And when he saw that we had this time understood his language, he added *yes* with an affirmative sign of the head.\*

*Design* complies with the same reflections: to copy is often possible, and at the same time very successful; but spontaneously, the difficulty is greater. This inferiority of spontaneous design and spontaneous writing, upon design and written copies, does not affirm, as one would be led to believe, a lesion of intelligence; that which is impaired among aphasic patients, is the possibility of converting their ideas into design and into writing, and not the idea itself; the same that it can not invest it with its proper sign for speaking. I shall not quote from the different authors a series of recitals regarding the preservation of design, as they have studied the subject but little. I will content myself with giving the details in the case of one of my patients (Clara X——).

Professor Lasagne cites the case of a musician completely aphasic, who could neither speak nor write, and who meanwhile could easily write a *phrase* of music that he had heard sung. One of my patients, a very good musician, found her notes perfectly, could at the same time write music, compose it; she recognized an air when she heard it, but she was incapable of humming it.

The alterations of speech, of reading, of writing, of design, of music, that we have passed in review, complete the clinical study of the symptom aphasia. In the meanwhile, the majority of

---

\* Bulletins de la Societe Anatomique de Paris.

authors have joined to this description the modifications of the language of action. For ourselves, I have sufficiently demonstrated that in aphasia natural language is not altered.

The aphasic, in fact, has most ordinarily nothing in his appearance that denotes the symptom by which he is attacked; he has a bright eye, is mimicky, is expressive, and as long as he does not wish to speak, no exterior expression betrays the lesion which affects him. He has only gestures of vexation when that, wishing to make himself understood, he feels the vacuity of his efforts.

In these cases the aphasia is simple, but sometimes it is accompanied by other morbid symptoms; it is joined with intellectual and paralytic troubles. The intellectual troubles are very different from each other, and do not comply, consequently, to a general description. It is not the same with paralysis. The hemiplegia is seated almost always in the right side. Thus, Jackson, in thirty-six cases of aphasia, has noted thirty-three right hemiplegias, and Trousseau, in one hundred and thirty-five cases, has proved it in one hundred and twenty-five.

Aphasia presents itself, then, under very different aspects; but too great an importance has been attached to this multiplication of forms. These are most ordinarily only pathological curiosities. Without doubt, we must distinguish from the point of viewing the possibility of the social relations, the attenuated and the complete aphasia; but it would be injurious to too much multiply these distinctions. There are in all these pretended varieties only differences of degrees, and I will show later that the same, as it is important to separate aphasia from alalie, the alogie from amnesia, as much the differences of which I speak, have little importance from the point of seeing the nature of the symptom, its diagnostic and prognostic signification, as well as its therapeutic value.

The *duration* of aphasia is long; it is subordinated, besides, by the duration of the disease, cause of the symptom; the hemiplegia ameliorates and may disappear; but it is very rarely that speech resumes its first qualities.

We have cited the example of Lordat; but this example is far from being conclusive. Lordat was not aphasic, but amnesic. We will return to this discussion, when we establish the difference of aphasia and of amnesia.

[TO BE CONTINUED.]

## Medical Societies.

OHIO STATE MEDICAL SOCIETY—TWENTY-SEVENTH ANNUAL MEETING, AT PORTSMOUTH, JUNE 11, 12, AND 13, 1872.

### FIRST DAY—*Morning Session.*

The society met in Wilhelm's Opera House at ten o'clock, and was called to order by the president, Dr. W. W. Dawson, of Cincinnati.

Rev. Dr. Burr, of the Episcopal church, opened the meeting with prayer.

Vice-Presidents Drs. C. P. Landon, E. Sinnett, and J. W. Russell, Jr., took seats on the stand.

Assistant Secretary Dr. J. W. Hadlock was present.

Ex-President Dr. Hempstead was escorted to the stand, and introduced as one of the earliest presidents of the society. Also Ex-Presidents Drs. E. B. Stevens and Kincaid took seats on the stand.

Dr. Jones, of Portsmouth, moved that the reading of the minutes of last year's meeting be dispensed with. Carried.

Dr. Pixley made the report of the Executive Committee, as follows:

"Your Executive Committee wish to report that they have secured the use of Wilhelm's Opera House for the society.

"The committee suggested that the meetings be held at nine o'clock A. M., and at two o'clock P. M. On Wednesday, at nine o'clock A. M., election of officers; at two o'clock P. M., president's address; at four o'clock P. M., display of water works; at nine o'clock P. M., the society is invited to a banquet given by the citizens, at the opera house. Thursday at eleven o'clock, invitation to visit Gaylord & Co.'s rolling mills and Burgess' steel and iron works.

"Arrangements for the reduction of fare, to members and their families, have been made with the following railroads, viz: Marietta and Cincinnati; Cincinnati, Hamilton and Dayton; Cincinnati, Sandusky and Cleveland; Columbus and Hocking Valley, and the Baltimore and Ohio.

A. B. JONES, M. D., *Chairman.*

C. M. FINCH, M. D.

M. S. PIXLEY, M. D.

L. SCHWAB, M. D."



Dr. A. B. Jones, of Portsmouth, welcomed the society in a neat and appropriate address.

Report of Executive Committee was adopted.

Dr. E. Sinnett, with appropriate remarks, presented to the society a beautifully silver mounted gavel.

The president returned thanks, for himself and all future presidents of the society, for the timely, useful, and handsome present.

Reports of committees being called for, a number were announced ready to report.

The report of the treasurer showed a balance of \$12.81 in the treasury. Report received and referred to Committee on Finance.

Dr. W. J. Conklin, of Dayton, was at this juncture appointed assistant secretary *pro tem*.

Dr. Bartholow moved that all papers be read by abstract, not to exceed twenty minutes in reading. After some discussion the motion prevailed, when Dr. J. B. Thompson moved a reconsideration of the matter for the purpose of so modifying Dr. Bartholow's motion that the rule should not apply to the reading of papers this year. A reconsideration was had, when Dr. Thompson's modification prevailed.

Volunteer papers being called for, Dr. Bartholow announced a paper on "Aneurism of the Basilar Artery."

Dr. E. Sinnett announced a volunteer report of "Two Cases of Monstrosity."

Dr. Gay presented a pathological specimen, with history of case, of heart incased in bony formation. Remarks were made on the case by Drs. W. W. Seely and J. T. Whittaker. In answer to Dr. Bartholow, Dr. Gay stated that a specimen of the bony case had been subjected to microscopical examination and found to be true bone.

The following named gentlemen were favorably reported on for membership and unanimously elected: Drs. Robert Wesley, Athens, Athens Co., O.; D. T. Davis, Dayton, O.; W. V. Peck, New Richmond, O.; Thomas G. Vaughters, Portsmouth, O.; Benjamin F. Coats, Portsmouth, O.; David Coleman, West Union, O.; J. L. Wylie, Ripley, O.

The president announced the names of members of Committee on Finance, as follows: Drs. Jones, of West Liberty, E. B. Stevens, D. D. Bramble, C. M. Finch, and E. Jennings.

Drs. S. S. Scoville and Bartholow were announced to read papers during the afternoon session.

The society then took a recess until two o'clock P. M.

*Afternoon Session.*

The society met at two P. M., as per adjournment, and was promptly called to order by the president.

The following names were presented for membership and unanimously elected: Drs. A. Andrus, D. W. Coffee, both of Westerville; B. F. Kitchen, Clay P. O., Jackson Co.

A question here arose as to the status of members of this society who came as delegates from other societies. Referred to Committee on Medical Societies.

Dr. L. A. Grimes, of Concord, Ky., and Dr. C. Honacker, of Vanceburg, Ky., were here introduced and invited to take seats with the society.

The Finance Committee made a partial report, recommending greater economy in publishing Transactions. The treasurer to be paid \$150 a year. The secretary to receive no salary, but his incidental and traveling expenses to be paid. Fees \$3. Report received.

Dr. Gray moved that the salary of the treasurer hereafter be \$50 instead of \$150. Carried.

Dr. Kincaid moved that the annual dues be fixed at \$2 instead of \$3, as recommended by the committee. Carried. Report was then adopted.

Dr. J. B. Thompson here offered his resignation as treasurer. Resignation accepted, and Dr. Gray elected treasurer of the society.

The president announced the Committee on Medical Societies, as follows: Drs. Miller, Miles, Wylie, Hough, and Hyatt.

The Committee on Admissions reported the following named gentlemen for membership, who were unanimously elected: Drs. James L. Taylor, J. A. Warren, Wheelersburg; W. A. Frizzell, Buena Vista.

Dr. J. B. Thompson resigned his place as librarian, and Dr. Gray, treasurer elect, resigned his place on the Committee on Admissions.

Dr. E. Sinnett moved that a vote of thanks be tendered Dr. Thompson for his long and useful services as treasurer of the society. Motion heartily responded to.

Dr. S. S. Scoville, of Lebanon, having previously been announced, read a report on "Nervous Transmission." The report was elaborate, read with energy, and listened to with marked at-

tention by the members of the society. Remarks on the report, by Drs. Whittaker, Hough, and Scoville; after which the report was received and referred to Committee on Publication.

Dr. R. Bartholow, also from Special Committee, read a report entitled, "Some Points in the Therapeutics of Electricity, illustrated by cases." The report was well received, and listened to attentively by the members. Remarks on the report by Dr. Reed, who reported cases confirming the position taken by the author of the report on the value of electricity as a therapeutical agent.

Drs. Hough, Whittaker, Miller, and Scoville also made remarks touching the report. Report received and referred to Publication Committee.

Dr. Landon moved that the society take a recess until half-past seven o'clock in the evening. Carried.

#### *Evening Session.*

Society called to order by Vice-President Dr. C. P. Landon.

Dr. A. T. Keyt, from Special Committee, read a report on the "Semiological Value of Yellow Elastic Tissue in Sputum." The report, although lengthy, and occupying the major part of the evening in its reading, was listened to throughout with marked and critical attention by all present. Report received and discussed by Drs. Bartholow and Whittaker, and referred to Committee on Publication.

Dr. P. S. Conner read a report on "Hernia Cerebri." Referred to Committee on Publication.

The society then adjourned to meet Wednesday morning at nine o'clock A. M.

---

#### SECOND DAY—*Morning Session.*

The society met at half past nine o'clock, and was called to order by the president, Dr. Dawson.

Prayer was offered by the Rev. Mr. Manly, of the Bigelow M. E. Church.

Minutes of yesterday's proceedings were read by the secretary and approved.

The Committee on Medical Societies made their report, as follows:

"MR. PRESIDENT: Your Committee on Medical Societies, having had under consideration the matter which to them was referred, beg leave to report the following as the result of their deliberation, viz:

"1. That in accordance with article seventh of the by-laws of



the Ohio Medical Society, it is the opinion of your Committee that societies represented by the delegates are subjects for consideration in committee and not the delegate.

"2. That in accordance with the foregoing your committee have examined the credentials of S. S. Scoville, M. D., and J. B. Hough, M. D., regularly appointed delegates from Lebanon Medical Society, and of C. R. Reed, M. D., representing the Meigs County Medical Society, and of H. C. Watterman, M. D., of Middleport, representing the Meigs and Mason Academy of Medicine; Drs. A. Blymer and A. Andrus, Delaware County Medical Society; Dr. J. W. Coble, Central Ohio Medical Society; Drs. N. S. Hill, W. V. Peck, W. L. Anderson, A. W. Ashburn, R. B. Davy, Eugene Moore, R. C. Moore, Clermont County Medical Society; Drs. D. B. Cotton, W. J. McDowell, Scioto County Medical Society; and find that said societies are in good and regular standing as auxiliaries of this society, and that said delegates, by virtue of their appointment, are entitled to take part in the deliberations of this society.

"3. That your committee have examined the constitution and by-laws of the Delaware Medical Institute, and find that they strictly conform to the requirements and usages of this society, and recommend it be made auxiliary to the Ohio State Medical Society.

"4. *Whereas*, There does not appear to be any established usage in the transactions of this society, regulating and governing delegates from societies made auxiliary to the Ohio State Medical Society; and,

"*Whereas*, To avoid controversies hereafter, and for the more uniform government of said delegates, be it therefore

"*Resolved*, That delegates representing auxiliary societies in good standing shall, upon satisfactory evidence, be entitled to take part in the deliberations of said State Society during the session for which they were elected, but shall not be entitled to membership or other considerations unless they become a regular member of this society, and pay the usual initiation fee.

"Respectfully submitted,

"A. C. MILLER,  
J. L. WYLLE,  
A. J. MILES,  
E. HYATT,  
J. B. HOUGH,

*Committee."*

The Committee on Finance, after having examined the books and accounts of the treasurer, made their supplemental report as follows:

"MR. PRESIDENT: Your Committee on Finance have examined the book accounts and vouchers of the treasurer, and find them all correct.

"We recommend the payment to the estate of Dr. Hall (late deceased) the balance of his salary for 1871, of \$25; also, account rendered by Dr. Hall (for postage), \$2.70."

"Dr. Hadlock, as acting secretary, presented a bill of items, \$25.20, which was recommended paid.

"A bill for salary of Dr. Hadlock, as acting secretary, for \$50, we do not feel authorized to allow; but we recommend the payment to Dr. Hadlock of whatever expenses he may have incurred additional to the above, in the performing the duties of Dr. Hall during his disabilities. Respectfully submitted,

"L. M. JONES,  
C. M. FINCH,  
E. JENNINGS,  
EDWARD B. STEVENS,  
D. D. BRAMBLE,  
*Committee.*"

During the morning session the Executive Committee presented the following communication:

"PORTSMOUTH, O., June 12, 1872.

"*Drs Pixley, McDowell, and Bing, Executive Committee.*

"GENTLEMEN: The undersigned, committee of the Board of Trade of our city, in behalf of the body we herein represent and of the citizens generally, hereby extend to the members of the Ohio State Medical Association, now here assembled in convention, a cordial invitation to accept an entertainment to be given them by said board and the citizens at Wilhelm's Opera House this evening, the 12th inst., at nine o'clock. Very respectfully,

"THOS. DUGAN,  
R. BELL,  
JAS. RUMSEY,  
GEORGE DAVY,  
P. TAINEY,

*Committee.*"

On motion, the above invitation was accepted.

The following named gentlemen were presented for membership and unanimously elected: Drs. E. D. S. Morgan, Berlin, Jackson Co., Ohio; D. C. Wilson, Ironton, Ohio; Emil Arnold, Ironton, Ohio; C. M. Wilson, Mineral Springs, Adams Co., Ohio; H. K. Steel, Denver, Colorado; honorary member, P. Beeman, Iola, Allen Co., Kansas. Honorary member, J. B. Thompson made a statement that Dr. R. J. McClain owes the society near \$15, and the doctor having been absent for some years in the army, he now proposes to pay the society two-thirds the amount and be reinstated to good standing in the society. Referred to Committee on Finance.

The election of officers for the ensuing year resulted as follows: President—Dr. A. B. Jones, of Portsmouth, Ohio; Vice-Presidents—Drs. A. B. Blymer, Delaware, Ohio; J. D. Cotton, Portsmouth, Ohio; W. S. Anderson, Newtonville, Ohio; J. B. Hough, Bridgeville, Ohio.

Treasurer and Librarian—S. S. Gray, M. D., Piqua, Miami Co., O.

Secretaries—J. W. Hadlock, M. D., Cincinnati, Ohio; W. J. Conklin, M. D., Dayton, Ohio.

Committee on Admission—Dr. M. Cassatt, Cincinnati, O.; Dr. N. S. Hill, Neville, O.; Dr. S. S. Scoville, Lebanon, O.; Dr. T. W. Gordon, Georgetown, O.; Dr. E. H. Hyatt, Delaware, O."

Dr. J. B. Hough, from Special Committee, read a report on Medical Chemistry. Reports received and discussed by Drs. Conner, Kincaid, Scoville, Miles, Bing, Hyatt, Gordon, Reed, and Frizzell. At the close of the discussion, Dr. Hyatt introduced the following resolution, which was unanimously adopted:

*"Resolved*, That the sense of this society is that a better knowledge of medical chemistry, on the part of students preparatory to entering the profession is demanded, and that the profession of Ohio is pledged to the work of bringing about a reform in this department of medical education."

Dr. W. W. Seely read a report from Special Committee on "Otology." Report received and referred to Committee on Publication.

Dr. Gray, of Columbus, presented to the society specimens of wire gauze apparatus for treatment of fractures. Society then took a recess until two o'clock P. M.



*Afternoon Session.*

The society met at two o'clock and was called to order by President Dr. Dawson.

Vice-President Dr. Landon took the chair while Dr. Dawson reported a case of refracture of the femur. The doctor exhibited drawings showing the condition of his patient prior to the refracture and also showing the happy result of the operation. Remarks on the case by Dr. Conner.

Dr. Stevens moved that the thanks of the society be tendered Dr. Dawson, and that he be requested to write out his remarks on the subject for publication in the Transactions. Carried.

During the afternoon session the following new members were elected :

Dr. J. P. Primrose, Nelsonville, Athens Co., Ohio; Dr. James Moor, Ironton, Ohio; Dr. C. B. Hall, Millersport, Ohio; Dr. Camillus Hall, Burlington, Ohio.

The President announced that owing to the amount of business before the society, Dr. Bartholow withdraws his paper on "Aneurism of the Basilar Artery."

Dr. A. Andrus read the report of a case of cancer, showing the front surfaces of a body studded with tumors varying in size from a pea to a walnut.

Report received, and discussed by Drs. Dunlap—who reported a similar case—Hyatt, Miller, Bartholow, Sinnett, and C. P. Landon.

Dr. Miller, with remarks, reported a case which much resembled the case of Dr. Andrus. Dr. C. P. Landon, having seen the case of Dr. Andrus in consultation, gave it as his opinion that the tumors were due to scrofulous or tuberculous deposits. Dr. Bartholow spoke of the cases as possibly multiple adenoma, which was known to be a very malignant form of disease.

To this suggestion Drs. Andrus and Miller replied that in neither of their cases were there any symptoms of implication of the glandular system; on the contrary, the family history of the patient proved a cancerous diathesis.

Dr. E. Sinnett reported a case which bore some resemblance to the cases of Drs. Andrus and Miller.

The paper was then received and referred to Committee on Publication.

Dr. Gay moved that when the Society closes its meeting at this

place that it adjourns to meet in Columbus on the second Tuesday in June, 1873. Carried.

The society then adjourned until Thursday morning at nine o'clock.

After adjournment the society was entertained by a visit to the Holly Water Works and the extensive shoe factory of Refenber-  
rick, Drew & Co.

At nine o'clock in the evening the society was entertained by the Board of Trade and the citizens of Portsmouth with a sumptuous banquet given in the hall of Wilhelm's Opera House. The evening passed pleasantly; good eating, good music, good dancing, good "Big Medicine Man" who administered to the thirsty in a way to be remembered by all who came under his treatment.

---

### THIRD DAY—*Morning Session.*

The society was called to order by the President, Dr. Dawson, at nine o'clock.

Prayer by the Rev. Mr. Stanley, of the Sixth Street Methodist Church.

On motion of Dr. Miller, the reading of the minutes of yesterday's proceedings was dispensed with.

Dr. Thad. A. Reamy exhibited an instrument of his own invention, for intra-uterine medication. He thanked Prof. P. S. Conner for valuable suggestions, from time to time, during the time he was preparing his instrument. At the close of his remarks Dr. Reamy said he hoped the society would accept this report in lieu of the report which he was posted to have made on the "Surgical Diseases of Women." Report received and referred to Publication Committee with orders to print.

Dr. Thomas H. Kearney read his report from Special Committee on Amputation. Report received, and after remarks by P. S. Conner, was referred to Committee on Publication.

Dr. Bing moved that Dr. A. G. Sellards, of Vanceburg, Kentucky, now present, be admitted to the courtesies of the society. Carried.

Dr. G. S. B. Hempstead was at this juncture elected an honorary member of the society. Dr. Hempstead retired from practice fourteen years ago, after having practiced forty-three years. He was one of the original members of this society, was its president in 1855, and is now its oldest living member, being seventy-eight years of age.

The Finance Committee reports, in the case of Dr. McClain, in

favor of his reinstatement to good standing in the society, upon his paying into the treasury two-thirds of the amount he owes the society. Report received and adopted.

Dr. J. T. Whittaker read a report from Special Committee on Physiology, "The Year's Contributions of Physiology to Practical Medicine." Report received and referred to Committee on Publication.

Dr. L. M. Jones, of West Liberty, read a report from standing Committee on Obituaries, in place of the chairman, Dr. B. B. Leonard, who was not present. Report received, and, after some remarks by members to the effect that the report was not complete, since it did not embrace a notice of all who have died of our number the past year, was adopted.

Dr. E. B. Stevens moved that a committee be appointed to report on the death of our late secretary, Dr. W. C. Hall. Carried. The president appointed Dr. Stevens as the committee.

Dr. Miller was appointed a committee to report on the death of Dr. Cary, of Salem, Ohio.

Dr. Alex. Dunlap was appointed a committee to report on the death of Dr. Kyle, of Xenia, Ohio.

Dr. A. B. Jones requests that his report from special committee on "Relation of the Mental to Man's Physical Forces," be read by title and referred to Publication Committee.

On motion of Dr. Bing, it was so read.

A communication was here received and read by the secretary, from Dr. Geo. Mendenhall, embodying the following resolutions:

*"Resolved,* That a committee of five, of which Dr. Clendenin be chairman, be appointed to prepare a memorial to the Legislature of this State, on the subject of Public Health, in accordance with the resolution of the American Medical Association, presented by Wm. Logan, of California.

*"Resolved,* That this committee co-operate with Dr. A. E. Jenner, in reference to the bill presented by him in the Senate of Ohio.

*"Resolved,* That this committee shall prepare a suitable memorial and have five hundred copies printed and distributed to the members of this society for signature; and draw upon the treasurer for the amount expended for same.

"Trusting that the members will consider this subject favorably,

"I am, yours truly,

"GEO. MENDENHALL."

On motion of Dr. Conner, the resolutions of Dr. Mendenhall



were so amended as to instruct the committee to report upon the subject of a State Board of Health at the next meeting of this society.

Dr. Clendenin not being a member of this society, the President appointed Drs. Geo. Mendenhall, J. R. Black, P. S. Conner, G. B. Orr, Geo. E. Walton, Committee on State Board of Health.

Dr. Miller stated that Dr. Joel Pomerine had a report ready from Special Committee on Puerperal Convulsions, but was unable to be present to read his report, and therefore requested to be continued on the same committee until next year. By vote of the society, Dr. Pomerine was continued as he requested.

President Dr. Dawson gave a synopsis of his valedictory address, which was well received. The subject was that of medical education. The annual wail and lamentation on that topic was not indulged in by the speaker; a more cheerful view was taken of the question. The speaker showed how rapidly we had advanced in that respect within the past twenty years; how our works on medicine were translated into foreign languages and read abroad. He also referred to the general diffusion of education by our system of public schools, and how they were auxiliary to medical education by preparing the youth of our land with a thorough primary education.

On motion of Dr. E. B. Stevens, the retiring president was requested to prepare his address and hand to the Publication Committee to print with the Transactions.

The president announced the following standing committees:

*Executive*—N. Gay, J. B. Thompson, J. W. Hamilton, C. P. Landon, R. M. Denig.

*Publication*—J. W. Hadlock, W. J. Conklin, E. B. Stevens, S. S. Gray, C. M. Finch.

*Medical Societies*—J. P. Bing, M. S. Pixley, Louis Schwab, A. C. Miller, J. H. Green.

*Finance*—L. M. Jones, E. Jennings, E. B. Stevens, C. M. Finch, D. D. Bramble.

*Obituaries*—T. W. Gordon, Terrill, David Cotton, E. H. Hyatt, E. Sinnett, Alex. Dunlap, W. P. Kincaid, E. Jennings, C. R. Reed, B. F. Kitchen.

*State Board of Health*—Geo. Mendenhall, J. R. Black, P. S. Conner, G. B. Orr, Geo. E. Walton.

## SPECIAL COMMITTEES.

- Castration for Epilepsy*—M. X. Pixley, Portsmouth.  
*Quinine*—S. S. Gray, Piqua.  
*Progress of Surgery during the Year*—P. S. Conner, J. L. Wylie, Cincinnati.  
*Exsection of the Hip Joint*—D. D. Bramble, Cincinnati.  
*Insanity*—D. A. Morse, Midway.  
*Therapeutics of Alcohol*—E. H. Hyatt, Delaware.  
*Consumption in Ohio Penitentiary*—N. Gay, Columbus.  
*Stricture*—A. C. Miller, Orrville.  
*Ophthalmology*—J. H. Buckner, Cincinnati.  
*Syphilitic Affections of the Nervous System*—W. J. Conklin, Dayton.  
*Nervous Diseases*—R. Bartholow, Cincinnati.  
*Pathology and Treatment of Diphtheria and Scarlet Fever*—J. W. Hoff.  
*Small-pox*—E. Jennings, Dayton.  
*The Distinction between Caseous Pneumonia and True Tubercle*—A. T. Keyt, Walnut Hills, Cincinnati, O.  
*Urinalysis*—J. W. Russell, Jr., Mount Vernon.  
*Functions of the Spleen*—S. S. Scoville, Lebanon.  
*Cerebro-Spinal Meningitis*—A. B. Monohan, Jackson.  
*Skin Grafting*—T. D. Davis, Dayton.  
*Gastric Irritation*—E. Sinnett, Granville.  
*Nervous Diseases*—N. S. Hill, Neville.  
*Incurable Diseases*—J. P. Bing, Portsmouth.  
*New Remedies*—C. R. Reed, Middleport.  
*Treatment of Ulcers and other Cutaneous Diseases of the Lower Extremities*—C. M. Finch, Portsmouth.  
*Efficacy of Vaccination*—David B. Cotton, Portsmouth.  
*Small-pox*—A. G. Stevenson, Richmond.  
*Small-pox*—M. Cassatt, Cincinnati.  
*Shoulder Presentations*—W. L. Peck, Columbus.  
*Epilepsy*—N. S. Hill, Neville.  
*Cataract*—W. W. Seely, Cincinnati.

## SPECIAL COMMITTEES CONTINUED FROM LAST YEAR.

- Uterine Therapeutics*—H. J. Herrick, Cleveland.  
*Ovariectomy*—A. Dunlap, Springfield.  
*Vaccination*—W. B. Davis, Cincinnati.  
*Puerperal Convulsions*—J. Pomerine, Millersburg.  
*Therapeutics of Mineral Springs*—G. E. Walton, Cincinnati.

*Gynæcology*—C. D. Palmer, Cincinnati.

*Chronic Diseases of the Lungs*—W. Carson, Cincinnati.

*Obstetric Record*—J. Helmick, Cleveland.

*Electrolysis*—W. H. Mussey, Cincinnati.

*Belladonna*—J. A. Little, Delaware.

*Diseases of the Larynx*—R. Wirth, Columbus.

*Uterine Diseases*—E. B. Stevens, Cincinnati.

*Diseases of the Skin*—C. O. Wright, Cincinnati.

*Prevailing Diseases throughout the State*—J. R. Black, Newark.

*Inflammations of the Chest*—J. A. Murphy, Cincinnati.

*Physiology*—J. T. Whittaker, Cincinnati.

Dr. E. B. Stevens introduced the following resolutions :

1. *Resolved*, That the thanks of the society are due to the officers of this session for their ability and impartiality.

2. *Resolved*, That we return thanks to the several railroad companies who have extended their courtesies to the members in attendance.

3. *Resolved*, That we are especially indebted to the profession, the Board of Trade, and to the citizens generally of Portsmouth, for the magnificent hospitality and thoughtful attention which we have received ; in the words of Rip Van Winkle, " May they live long and prosper."

A rising vote was given in the affirmative to all the above resolutions, when twelve minutes to twelve o'clock M. the gavel fell and the twenty-seventh annual meeting of the Ohio State Medical Society was declared adjourned to meet in Columbus, second Tuesday in June, 1873.

[Portsmouth, situated in a broad valley and surrounded by beautiful hills, with her genial, hospitable citizens, will long be remembered by all those in attendance upon the meeting just closed. From the time we stepped upon her wharf until the steamer—which was to bear us home—left her shores, nothing but cordial hospitality greeted us on every hand ; not a jar, not a discordant sound, not an-unpleasant thing to mar our remembrance of her and her citizens occurred during our stay of three days within her limits.

—J. W. S.]

W. W. DAWSON, *President*.

J. W. HADLOCK, }  
W. J. CONKLIN, } *Secretaries*.



RUSHVILLE, IND., May 15, 1872.

*Editor Lancet and Observer:* The Union District Medical Association held its semi-annual meeting in the city of Hamilton, Ohio, on Thursday, April 25, 1872. This body is formed by an association of medical gentlemen, residing in the counties of Butler and Preble, in the State of Ohio, and the counties of Union, Wayne, Fayette, Franklin, and Rush, of Indiana.

It has had an existence for the past four years, and was first started by the physicians of Oxford, Ohio. It was finally extended along the line of the Junction Railroad, as far east as Hamilton, and as far west as Rush county, Indiana, and at the meeting at Rushville, two years since, by application of some of the prominent physicians of Richmond, Wayne county, Indiana, was added to the list. It has about eighty-five names enrolled upon its books, and has an average attendance of forty to forty-five active, working, zealous men in their profession. Meetings are held on the first Thursday of May and second Thursday of October of each year. These meetings are characterized by industry, harmony, and faithful work. The papers presented are of the highest order of medical literature, and the discussions marked by an eminent degree of forensic ability. Just large enough in numbers to be easily handled, and to throw off the restraints of larger bodies.

The first paper read was by Dr. Wilson Hobbs, of Carthage, Rush county, Indiana, on "*The Legal Relations of Medical Experts.*"

It was in the happiest style of the author, and called forth the highest encomiums from the members. Written in terse, plain, and cogent language, with well-rounded sentences, full of facts and suggestions, it did honor to its author and credit to the association. As it was ordered to be sent to your valuable journal for publication, I will not attempt an abstract of its doctrines, only giving my indorsement of its sterling merits and worth.

The next paper was on "*The Influence of Cold in Producing Disease,*" by Dr. Saunders, the elder, of Oxford, Ohio. The doctor opposed the commonly received doctrine of "*taking cold,*" and said the causes were to be sought for within and not from without the body, attributing the pathological condition, so-called "*taking cold,*" to causes arising from gastric disturbance; hence irregular nervous action—hence peripheric changes. The paper was full of good, sound common sense, and indicated great care in its preparation. It was passed by without discussion, and, we thought,

without that consideration by the society which its merits deserved, and we heard quite a number of members express the same opinion. We hope Dr. Saunders may be induced to put his production in more permanent form, by having it published in some of our medical prints.

After the reading of this paper, Dr. Wilson Hobbs presented a little boy, an inmate of the Soldiers and Sailors Orphans' Home, at Knightstown, upon whom he had performed the operation of resection of the head of the humerus on the right arm, and of the head of the femur on the left side. The little fellow fell out of a tree, a distance of sixty feet, producing a compound fracture of the humerus at its upper extremity. Resection of the head of the bone was performed at once. The hip joint was known to be injured at the time, but the extent not fully ascertained. A large abscess formed subsequently, communicating with the great joint of the hip.

In six weeks after the injury and first operation, the second one was performed. This history of the case was given at the Richmond meeting, in October last, and the question then was: How are we to get the lad upon his feet? He finally did get upon his feet, and the doctor brought him along to show the result.

This I regard as one of the greatest triumphs of conservative surgery. The patient will have very good locomotion, and be able to make a good living.

Dr. M. Sexton, of Rushville, Ind., next presented two specimens of diseased testicles, with a partly written and partly verbal report of the cases. The first one of a dense fibrous or schirrus structure, which had been diseased for seven years before its removal. The patient died in two weeks after the operation, from disease suddenly developed in the pulmonary organs. The second one was removed from a young man, twenty-three years of age, and had been three years in reaching its climax. Disease was developed shortly after an attack of mumps. It was of the encystical variety, the cavity containing about a gill of wine-colored fluid. The organ weighed about four ounces after the contents had escaped. Patient made a good recovery.

This report was followed by quite a lengthy production on the time-honored subject, "*Progress of Medicine*," by Dr. Pinkerton, of Liberty, Indiana. It was a mere compend of the history of medicine from Hippocrates down, and ended with a concealed glorification of the silky doctrines of homeopathy. After wading through very deep water, and floundering considerably upon the

ripples, the doctor arrived at the sage conclusion that the infinitesimal dose of the dog's hair must cure the bite. The greatest effect of this paper was to sharpen the appetites of members for the rich repast, contributed by the Butler County Society, for the wants of the inner man, which had been a long time in waiting at the Central Hotel. The dinner was gotten up in the very "best style of the art," and reflected great credit upon the landlords. The hour's recess was consumed by members in getting away with the above-mentioned viands, and in riding through the city in carriages which had been provided for the occasion by the Butler County Society.

After the recess, some informal business in relation to the admission of an applicant for membership was gone through with, when Dr. Beauchamp, of Hamilton, presented an essay upon the question, "*Has Sulphate of Quinine any power as a Parturient Agent?*" The doctor is a vigorous writer, and read his production with great animation and enthusiasm. He handled without gloves the modern idea that quinine has a specific effect upon the gravid uterus in the production of parturient pains. The author discussed two propositions: "Does the agent augment uterine pains after labor has commenced?" and second, "Does it originate uterine pains?" A lively debate followed the reading of this paper, which was participated in by almost all the members. The sentiments were about equally divided on the question. Members took a wide range in the discussion, and branched off on ergot and every other agent which has ever had any reputation as having parturient powers. It would make my letter too long to attempt to give, in full, either the views of the author, or the various opinions advanced by members.

The last essay was by Dr. R. E. Haughton, of Richmond, Indiana, on "*Pyemia Thrombosis and Emboli*," which was a production of scientific value, and showed great research on the part of its author. By the way, the doctor always reads able and elaborate papers, full of practical thoughts and suggestions; carefully written, of a high degree of literary merit, and free from all extraneous matters, to the subject in hand. They are always of unquestionable excellence, rich in information, and eminently practical in all their parts.

Dr. Haughton also reported a case of lithotomy, with specimen of stone extracted, with a carefully prepared chemical analysis of the stone, by the Professor of Natural Sciences in Earlham College. The stone was of very unusual dimensions, one of the largest



perhaps on record. Not having taken notes of the case I will not attempt to give the analysis.

After appointing several gentlemen as essayists for the next meeting, Rushville, Indiana, was chosen as the place where such meeting will be held, and the second Thursday of November as the time. So ended the meeting.

I had intended, as a codicil to this letter, a short sketch of the status of medicine in this part of our State; but find my letter already too long, and consequently must postpone it for a future communication.

Yours truly,

WM. A. PUGH.

---

### CLARKE COUNTY MEDICAL SOCIETY.

Twelfth Session of the Twentieth Year. Reported by Dr. ISAAC KAY.

This society met at the Agricultural Rooms, Springfield, Ohio, on Thursday, April 11, and was called to order at two o'clock P. M. by the president, Dr. Senseman.

Members present—Drs. Bruce, Bryant, D'Richey, Hazzard, Kay, McLaughlin, Pollock, Reeves, Rector, Rice, Robert Rodgers, J. H. Rodgers, Senseman, and Whitehead.

After the transaction of several items of unimportant preliminary business, and medical topics being in order, Dr. Reeves reported a case resembling an inflammatory affection of the lungs, with a simultaneous skin eruption.

*Dr. Hazzard* reported a case of organic disease of the heart occurring in a man aged 57 years. The disease proved fatal in a few days after the development of the unmistakable symptoms of heart disease became apparent. Arterial sedatives were used in the treatment.

*Dr. Bryant* reported an interesting case of disease of the circulation. The patient recovered.

*Dr. Hazzard* reported a case of diabetes, and commented upon the effect of various articles of diet upon the patient.

*Dr. Reeves* had noticed that in cases of diabetes there were frequently symptoms of inflammation of the stomach and bowels.

*Dr. Kay* remarked that he had been somewhat interested during the past winter in regard to erysipelas. This disease had been more prevalent about Springfield within the last four months than

it had for eighteen or twenty years. Its attacks had been generally limited to the skin, but occasionally it had dipped down into the areolar tissues. In the former class of cases the face was usually affected, while in the latter class abscesses formed in the limbs and more especially in the lower extremities. He had treated most of his cases with saline cathartics, tonics, and occasionally anodynes. Locally he used tepid water, sulphate of zinc, and iodine. Occasionally, in the more severe cases with phlegmonous characteristics, he had used the knife, as directed by our best surgical authorities. Dr. K. was anxious to hear a full discussion of erysipelas by the society.

*Dr. R. Rodgers* remarked that many years ago the erysipelas prevailed in this vicinity in the form of an epidemic, was very severe, and was popularly called the black tongue. It was of the phlegmonous type. He treated it locally, with nitrate of silver, iodine, and collodion.

*Dr. Reeves* said that within thirty years he had met with epidemic erysipelas seven times. The disease sometimes attacks the cellular system and forms abscesses between the muscles. He reported a case of erysipelatous abscess under the scalp. In erysipelas, *efficient* remedies must be used. No sugar pill, stand-by-and-do-nothing, tampering homeopathic means will answer the purpose of curing the disease. The skin becomes a great sheet of burnt surface. Use tepid water, especially mucilaginous water, as slippery elm. Keep off the atmospheric air. A good remedy for *erratic* erysipelas is a coating of mucilage of gum arabic—in a word, anything should be used that will exclude the air. We should not feel confident that a patient has no erysipelas, simply because of the absence of skin disease. Erysipelatous inflammation sometimes attacks the mucous surfaces, including the whole lining of the alimentary canal. One of the most troublesome and grave complications of erysipelas is an exhausting diarrhea. This complication must be promptly met, otherwise the patient will sink very rapidly and die. There is such a strong typhoid tendency in this malady that the lancet can not be used. Use colchicum in those cases where the serous tissues are affected by erysipelatous inflammation. We want to distinguish between the different forms and the different grades of erysipelas. If the people were better informed in regard to the different types of erysipelas, they would have less confidence in quack erysipelas blowers, who cure this affection by conjuring.

*Dr. McLaughlin* said that we meet with the *superficial* and the

*deep-seated* erysipelas. These distinctions should be kept in mind. The character of the departure from health should be carefully considered. Is it a depression or is it an exalted condition of the system? If the former, use tonics, stimulants, and the whole list of supporting remedies. In the exalted condition of the febrile action, use the sedative articles of the *materia medica*. *Veratrum viride* and *gelseminum* are among the very best medicines that can be used to bring down the too highly exalted action of the sanguiferous system.

*Dr. Bryant* observed that erysipelas was one of the most troublesome and perplexing diseases which the physician is called to treat. After continuing our remedies quite satisfactorily for several days, the whole phase of the case may be changed, so that we learn to look out for its change into the phlegmonous forms. In the latter class of cases the knife should be used in relieving the tissues which are more immediately involved in this virulent phlegmonous erysipelas. The most violent form of erysipelas is the *traumatic*. What is to be done for this form of this disease must be done right off. Iron and other tonics must be given. This disease spreads with immense rapidity over the whole body. *Dr. B.* used muriated tincture of iron in what might be considered heroic doses. He had the medicine used every hour, inwardly, and bathed the parts with the same liquid. The doctor related a case of erysipelas resulting from a blister. He used sulphate of zinc, in solution. He had used poultices of grated beets over the erysipelatous skin in the traumatic variety. He had used the tartarized antimony, quinine and iron. He had resorted to the latter remedy even in the most ethenic action of the disease.

*Dr. McLaughlin.* I regard this course mentioned by *Dr. Bryant* as hazardous and wrong.

*Dr. Bryant* replied that he found by experience that quinine and iron would reduce the febrile action much more promptly and satisfactorily than either the *veratrum viride*, or *gelseminum*, or *colchicum* so highly recommended by *Dr. McLaughlin*.

*Dr. D'Richey* did not believe that the tincture of iron was of much service in the treatment of erysipelas. He would not have much confidence in quinine as a sedative in this disease. In large doses it might answer; for it is only a sedative in such doses. He did not believe in *Dr. Reeves'* plan of using tepid water to the skin, as it might promote suppuration in the areolar tissue.

*Dr. Robert Rodgers* called the attention of the society to the erysipelatous inflammation connected with puerperal women. It was



sometimes fearfully fatal, and should be treated on the supportive plan.

*Dr. Reeves* remarked that twenty years ago he had passed through an epidemic visitation of puerperal erysipelas. It was communicable from one to another. His treatment was heroic doses of opium. This remedy had brought on a refreshing sleep and a final recovery, even in apparently hopeless cases. He did not believe in bleeding, in puerperal peritonitis. There was an intolerance of phlebotomy. He recommended opium in 4 grain doses.

*Dr. Whitehead* believed that erysipelas was an inflammation dependent upon a disordered condition of the general system. He was in the habit of treating the disease upon general principles. In the exalted condition, he used *veratrum viride*. In the authentic grade of disease he used tonics. He thought the local treatment to be but secondary in point of importance. He had had considerable experience with sporadic erysipelas. He considered nitrate of silver and tincture iodine as the local application to be resorted to. He did not believe much in *Dr. Reeves'* notion of excluding the air.

*Dr. Senseman* suggested the use of mercurial ointment as a local application. He thought that there was an increased plasticity of the blood in these cases of erysipelas, which could be benefited by the well-known alterative effects of the mercurial ointment.

*Dr. Hazzard* referred to the views of *Niemeyer* in regard to the exclusion of atmospheric air. *Dr. H.* regarded this the true plan of local treatment.

*Dr. Rector* reported a case of erysipelas occurring in his practice. Fire doctors and the witch blowers had previously tried their pow-wow treatment. *Dr. Rector* used quinine and iron internally, and the mucilaginous applications externally were his dependence. He had seen no benefit from acetate of lead or tincture of iodine.

The committee appointed to obtain printed certificates of membership, reported fifty copies on the table. The report was received.

On motion of *J. H. Rodgers*, a committee was appointed to draft a new constitution, and procure a new book of record.

After a session of four hours the society adjourned to meet again on the second Thursday in May, which will be the regular annual meeting for 1872.

## Correspondence.

BELLEFONTAINE, O., April 23, 1872.

*Prof. Murphy:* Cerebro-spinal meningitis is now prevailing here, with its usual effects, casting consternation and grief in its wake.

This disease is so fatal, so sudden and malignant in its nature, that it is certainly more likely that a preventive, or prophylactic will be discovered, than that any successful plan of treatment will ever be found out.

The suddenness of this disease, spreading sometimes almost with the rapidity of a blush over and upon the nervous center, its epidemical character, and many of its minor characteristics, impress me that it must partake of the nature of the *erysipeloid* affections, with a tendency to attack the brain and spinal cord, just as common erysipelas has an election for the bridge of the nose and adjacent parts. In short, this seems to be a blood disease; specific, and *sui generis*.

If this is, indeed, a correct opinion, it follows, from what we know, that the *sulphites*, and especially the *bisulphite of soda*, will prove prophylactic.

I am using this preparation in doses varying from one grain to ten or fifteen grains, twice a day, among my friends, to *prevent* the disease from breaking out.

I would like to suggest that a trial of this remedy might be made with propriety and safety, and that a careful watch be kept upon those who use it, so as to test the matter. We can thus soon ascertain if the means suggested will prevent the onset of spotted fever, or ameliorate the violence of the disease, where it may fail absolutely, to prevent its advent.

I am using this remedy in the treatment of the malady under consideration—giving a small dose every few minutes, with a view to saturate the blood as soon as possible. I have grounds to believe that it is at least equal to any other treatment that I have any knowledge of. But, as already intimated, the *prevention* of cerebro-spinal meningitis is the only hope we can have in stopping its ravages.

Yours, etc.,

T. L. WRIGHT.

MINERAL SPRINGS, OHIO, *April 23, 1872.*

*Editor Lancet and Observer—Dear Sir;* One year ago, I came here and began my duties as resident physician to this watering-place. Now, I have not turned hydropathist, and yet I must give mineral water credit as a valuable remedy in treatment of certain diseases. And my object in addressing you is that I may remind members of our profession—especially resident in cities—we have valuable mineral springs in our own State, situate about eighty miles east of Cincinnati, in Adams county, easy of access to all.

Here is a healthy resort—not fashionable—a place where the worn system may recuperate, using nature's own medicines. Accommodations for visitors, plain, though substantial and commodious. Mountain scenery almost rivaling that surrounding the Springs in Virginia. The tops of these hills have a climate dry and equable, making them a desirable place of residence, or resort for some afflicted with asthma, bronchial, and pulmonary affections.

The water of these springs has not yet had a thorough analysis. Prof. Wayne, some years ago, made a proximate analysis of a specimen sent him, and found it highly charged with gas, containing 120.35 grains of solid matter to the gallon.

These solid contents are composed of chloride of magnesia, sulphate of lime, carbonate of lime, chloride of calcium, chloride of sodium, and oxide of iron. A subsequent test has proved it to contain iodine.

These springs are rapidly gaining a wide-spread reputation, among the laity, as a warranted cure (!) for almost every ailment that flesh is heir to.

Their therapeutic value in chronic diseases of digestion can hardly be overestimated; and in the same way kidney and urinary affections of both sexes, also the different forms and types of skin diseases.

I will not stop to tell of the wonderful *cures* that I have myself witnessed, or the almost miraculous ones of which others have told me, but will only say, come and see.

Very respectfully,

C. M. WILSON, M. D.



*A Head of Wheat in the Bladder.*

By B. B. LEONARD, M. D., West Liberty, O.

*Mr. Editor:* The rarity of cases like the following will be a sufficient reason for its publication :

I was called, in December, 1871, to visit J. J——, aged 41 years, who was a patient of my friend, Dr. J. S. Robb, of Zanesfield, Ohio, from whom I learned the following history of the case: On the 3d of July, Mr. J—— was binding wheat in the field, and when about half way through his binding station, felt severe pain at the meatus urinarius, and a sensation as of something passing into the urethra. He, however, with more forbearance than prudence, determined not to be overtaken by the machine, and therefore deferred an examination until he arrived at the end of his station; when an inspection revealed the fact that a head of wheat had entered the urethra, and ten or more beards protruded. These he caught, and endeavored to remove the head, but failed to do so, the beards pulling off. The whole head now passed rapidly into the bladder. Ten days after the accident Dr. Robb was called, and found that no treatment had been instituted, and the patient suffering from acute cystitis. Opiates, saline cathartics, and mucilaginous drinks were ordered, and also injections into the bladder of mucilage, with a sufficient amount of belladonna to quiet pain. These were ordered daily, with the hope that the *offending intruder* might become inverted and thereby escape from the bladder. This treatment was continued for some weeks, during which time an occasional grain of wheat, or beard, or husk, would pass covered with stone. After two months, the nucleus became so completely covered with stone, that it was resolved to resort to the use of the lithotrite. A part of the stone was crushed by this instrument, and passed, containing five or six grains of wheat, chaff, and other debris. The peculiar location of the stone rendered it impossible to grasp it with the lithotrite, and the doctor, with commendable sagacity, attempted solution, by the injection of a mixture of *forty parts* water to one part of nitric acid. The next day two drachms of dissolved stone passed from the bladder. The deposit, however, necessarily being repeated as long as the foreign body remained, it was determined to resort to lithotomy. Having prepared the patient for so formidable an

operation, and assisted by Drs. Robb and Crew, and Sharp and James, I operated by the left lateral operation, and removed the head which had been incarcerated for six months. It is well represented in the following cut :



The case is interesting in this: that it demonstrates the *possibility* of such accidents, and the ability of the bladder to tolerate the presence of so rough a body, even when suddenly introduced. The recovery was unusually rapid, and Mr. J—— resumed his ordinary labor in less than four weeks.

---

*The Importance of Clean Bottles.*—Mr. F. J. Bailey, L. R. C. P., reports a singular case of poisoning in the *British Medical Journal*. A child a fortnight old was ordered dill-water. This, when obtained, was put into a bottle which had previously contained nepenthe. A label was on the bottle with that name. The bottle was empty, whatever nepenthe there had been in it having dried up, and left a deposit of opium on the sides and bottom. The dill-water dissolved the opium; and, upon analysis by Dr. Campbell Brown, was found to contain morphia and meconic acid, in a proportion equal to about two per cent. of opium, a teaspoonful being equal to about twenty-four drops of laudanum. A teaspoonful was given to the infant about 11 P. M.; he died about 4 P. M. the next day. He fell asleep immediately upon the dose being given. His breathing was noticed to change about one hour afterward. Convulsions and narcotism came on.

## Selections.

*New Method of Extraction of Cataract.*—*Gentlemen* : Until now we could perform but small operations at our Thursday meetings. The ophthalmic ward having been opened last week, we shall be able to receive patients for operations of greater importance. We shall begin with cases of iridectomy and cataract ; and as for this latter, I shall have to explain to you my new method of extraction, the more detailed description of which will appear in our next Hospital Reports.

The frequent occurrence of total suppuration after flap-extraction induced the celebrated operators of Moorfields Hospital to return to and improve the linear extraction, which at that time had been almost abandoned. Graefe, struck with the results which Messrs. Bowman and Critchett had obtained, submitted the question to further studies ; and so formed the method which is now generally adopted in England and on the continent.

There are numerous statistics to show that in Graefe's method there is a much smaller percentage of total suppuration than in flap-extraction ; also that, even in cases of very bad general constitution, weak and marastic individuals with thin and flabby cornea, the prognosis is not so unfavorable as in flap-extraction ; and the precautions we have to take after the operation, and the restrictions we have to impose upon the patient are not so great.

On account of these advantages of Graefe's method, it was natural that the flap-extraction was soon abandoned. To me, however, it appeared that the mechanism of Graefe's operation was still too complicated and violent ; that prolapse of the vitreous body and hemorrhage into the anterior chamber were too frequent during the operation, iritis and strangulation of the iris in the corners of the wound too frequent after it ; and that the most favorable results, compared with the most favorable results in flap-extraction, were not perfect enough.

If these inconveniences be carefully inquired into, it is found that they can all be brought back to one and the same principal cause—namely, peripheric position of the incision. This peripheric position explains why—



1. It is impossible to remove the lens without iridectomy.
2. The excision of the iris is to be large and extensive, else it causes too great an inclination to prolapse of the iris.
3. It is necessary to perform the operation above, so as to cover a part of this large pupil by the upper eyelid. The removal of the lens upward is by far more difficult, on account of the tendency of the eye to escape upward; and, consequently,
4. During the whole operation, the eye has to be kept open by the speculum, and to be drawn downward by the forceps. This is not only painful and injurious to the eye itself, but causes—
5. Not unfrequently, collapse of the vitreous body, to which a peripheral incision itself already tends. Prolapse of the vitreous body and hemorrhage into the anterior chamber are the chief impediments to a careful removal of all the *debris* of the cortex, and cause—
6. Those grave forms of iritis which are sustained by the permanent irritation caused by the tumified remainders of the lens behind the iris.

Of those disadvantages I was perfectly aware after I had followed for a short time Graefe's original plan; and I proposed, therefore, in 1867, in an article on Cataract which I wrote for the *Nouveau Dictionnaire de Medecine et de Chirurgie* (Paris, Bailliére), some modifications. They are, however, but the first step I made; and in the last four years I have come, by a large series of systematic experiments, to a method which I now, after more than three hundred operations performed in this manner, consider definitely settled.

The incision of the cornea is to be made with the smallest possible Graefe's knife, in the following manner:

Puncture and contrapuncture are made in the sclerotic about one millimetre beyond the cornea, the whole remaining incision passing with a very slight curve through the cornea, so that the center of it is about one millimetre and a half distant from the margin of the cornea. This incision can be made upward or downward, with or without iridectomy, and the lens can be removed through it with or without the capsule.

If, as I now practice, the extraction is made downward without iridectomy, the whole operation is reduced to the greatest simplicity, and does not require narcosis, assistance, elevator, or fixation;

and only two instruments—namely, Graefe's knife, and one cystotome, with Daviel's spoon.

What are the advantages of this method of operating?

1. It is undoubtedly of all methods the simplest and least painful.

2. It is unconditionally the easiest to perform, and requires the least practice. It may, therefore, be performed by those operators who from time to time only have an opportunity of doing so; and those patients benefit by it who are unable to reach a central point in order to place themselves in more practiced hands. On account of the greater facility of operating, the last pretext for reclination of cataract is removed, which, although universally and justly condemned, is still here and there performed.

3. It is preferable to the flap-extraction, on account of the safer and constantly regular incision. The flap-incision scarcely ever acquires the regularity which may theoretically be demanded—even if made by the most practiced operator, with the best assistance, the most enduring patient, or under chloroform—by the use of elevation and fixation instruments. Now its height or breadth is not what it is intended to be; now its position is incorrect, or the wound is irregular—indeed, part of it is due to the difficult form of the incision; but by far the greater part, according to my conviction, is due to the mechanism by which the cuneiform cataract-knife is to make the incision. A small Graefe's knife would make a flap safer and more regular than the various other cataract-knives. The incision which I designed can easily be made, in giving it in every case exactly the desired form and position—even if the patient is very restless—without assistance, without elevator or fixation. It mainly depends on the facility with which the place of the contrapuncture can be chosen, the knife drawn back and made to pierce at another point if a mistake is made in the selection of the place for contrapuncture, and in the freedom with which, in terminating the incision, the inclination of the knife can be changed if necessary. A little practice will enable every operator to avoid these corrections, and to make the contrapuncture, as well as the whole incision, correctly to his original plan, without subsequent alterations.

4. Against Graefe's method it has the advantage of a more favorable position of the field for the operation, and avoids through

it all the inconveniences to which I have referred, as arising out of the peripheral position of the wound.

5. In regard to the mode of healing, it favorably contrasts, like Graefe's method, with the flap-extraction, on account of the diminished influences which age, constitution, general state of health, season, and other causes exert; also on account of the less demand made upon the patient to remain quiet after the operation; and, above all, on account of the lesser tendency to suppuration of the cornea.

6. The advantages of my method over that of Graefe's are shown by the ultimate results obtained; by not showing a greater percentage of total suppuration than in Graefe's method, my best results are in regard to optical and (if I may use the term) anatomical perfection, identical with the best results obtained in flap-extraction.—*R. Liebreich, Ophthalmic Surgeon and Lecturer to St. Thomas' Hospital, London, in British Medical Journal.*

*Electricity.*—The new number of the *Journal of Mental Science* says that in part of the second volume of the *Archiv. f. Psych.*, there is "a very elaborate and important paper by Dr. Rudolph Arndt, of Greifswald, on the employment of electricity in alienist practice. At the commencement is a good sketch of the history of electro-therapy, beginning from the times when the negroes were wont to place their sickly children in the favorite haunts of the electric fish, in order to cure them. Dr. Arndt lays great stress upon the work done in modern times by Remak. The alternate rise and fall of the treatment by electricity in the estimation of physicians is well depicted. From the time of Volta, up to about the year 1800, there was a rise in its popularity; after that there was a decline till the work of Farady, about 1830, began to retrieve the fortunes of the method, though it did not rise to eminence among the resources of medical art till the labors of Duchenne, in 1850, were made known. These were capped by Remak's researches. The rotation apparatus was that first used in asylum practice, and it was employed for all sorts of purposes, till it degenerated into a mere instrument for stimulating and terrifying the patient. Occasionally, nevertheless, good results were got: often very bad results, and a case of the latter sort is given by Dr. Arndt. The reputation of the method declined, and the discovery of contact electricity did not do much to stay the downward progress. Teilleux and Auzuouy, in France, still reported favorably



on the subject. A number of cases where voltaic electricity was used by the former are quoted 'by the writer. Teilleux applied the current to nerves and plexuses near the surface of the body. Auzuouy had a theory that the skin was a very important tissue in the insane, and he used magneto-electricity to arouse its function. At this stage Dr. Arndt selects for narration two cases treated with the induced current. In both there were favorable results; but in numerous other cases the results were unfavorable. 'After all this experience,' he then says, 'I thought myself driven to the conclusion that the induced current, as usually employed, exercised a strongly irritating influence on the diseased central organs, and that it was, therefore, contra-indicated in all those cases of psychical ailment in which the symptoms present had in themselves the character of augmented irritability, or could be referred to the same state in the region of some nerve. In all so-called primary cases, then, in which a state of irritation of the brain has shown itself by the dominance of passions, whether positive or negative in character, its employment must be abstained from. Likewise, it must be laid aside in all those secondary cases which are marked by a high grade of weakness with irritability, and tendency to reflex action. It may answer as a curative agent only for those cases which are marked by mere abdication of the brain's activity, by simple depression or paralysis of the functions.' He thinks Faradization of the skin and of the phrenic nerves important. A case is given of a girl eighteen years old, who had severe chorea with intervals of dementia; the dementia gained ground and became continuous; now and then there appeared slight erotic tendencies. Faradization was employed to the arms, legs, phrenic nerves, and face. There was improvement after each application, which lasted two days at first, but gradually got more protracted. The sensibility to the current was nothing at first, but increased to a great extent as she got better. The face became pale and the pupils dilated during each *seance*. There was in this case no hereditary tendency to insanity. Another case is one of dementia, after long nursing a child through fever. A third is one of utter absence of mind in a young girl, alternating with fits of terror. The girl was very nervous, and a fright originated the psychical affection. She got quite better under Faradization. Of such cases Dr. Arndt gives seven in all. On them follows a minute consideration of the effects of the constant current, and a discussion on anelectrotonus and katelectrotonus, on the direction of the current

in the body, the proper position of the poles, etc. In assigning to the induced and to the continuous currents their appropriate uses, Dr. Arndt alludes to the element of convalescence, probably present in the above-mentioned cases, and which he believes it was the part of Faradization merely to call out by its irritant action; he points to the constant current as the only agent which can really modify nutrition. The negative pole of the latter is to be used when it is wished to arouse irritability in a part, and the positive when this quality has to be diminished. The path of the electric current in the body, Dr. Arndt maintains, is *the resultant between shortest distance and best conductors among the tissues*. For the mode of passing the current through the brain, the writer refers to a paper by Erb, in the *Deutsches Archiv. für Clinische Medicin* (vol. iii., 1867). To subject the spine to the current, one pole should be placed on the spine, the other on a limb, so that a part of the anelectrotonus or of the katelectrotonus coincides with the spine. The spine should, it is maintained, often be the object of galvanization, because it is very often the source of evil in insanity. Peripheral galvanization is to be used where a neuralgia began the mischief, or where there were decided peripheral symptoms at first."

*On Arterial Transfusion of Blood.*—Prof Hueter recorded some time ago a case of poisoning with carbonic oxide, in which he preserved the life of the patient by transfusion. More recently, in the *Centralblatt*, he has recommended the same, on the ground of the successful issue of three cases where healthy blood was injected to remove the symptoms accompanying intense septicæmia. Hueter pursued in these cases not the usual plan of injecting the venous blood of a healthy man into the *artery* of the invalid. He performed the operation in the following way: During the defibrination of the blood by heating and filtration through a fine piece of muslin by assistants, he exposes the radial artery or the tibialis posticus, above the malleolus internus, the latter being just as easy to find as the former. Any slight hemorrhage is carefully arrested, and a very small opening is made in the sheath of the artery, which is separated from the adventitia; a sound is then pushed under the artery, and moved hither and thither, till about two and a half centimetres of the artery are isolated. Four pieces of strong silk are now passed beneath the vessel, of which one forms a reserve ligature. The silk nearest to the heart is now tied tightly, so as to prevent all entrance into the vessel of blood

coming from the heart. The injection syringe is now filled, and the lowermost silk slightly pulled, so as to stretch the vessel. An opening is now made in its upper part, by cutting it about half way transversely with scissors. The canula is introduced and secured by the third thread. The tension hitherto kept on the lowermost silk is now relaxed and the injection begun to be forced in. When the injection is completed, the lowermost thread is tightened, and the piece of artery between the two ligatures excised. The wound is simply dressed. The principal difficulties of the operation are its complexity, and the necessity that exists of maintaining a considerable pressure on the piston to overcome the cardiac pressure. On the latter ground Hueter recommended the employment of Mosler's injection syringe, in which the piston works with a screw. In Hueter's opinion, the objections are far outweighed by the advantages which arterial transfusion affords. One of these advantages is, that the blood reaches the heart more slowly, and with greater steadiness and regularity, than by venous transfusion. He regards the injection of small quantities (two, three, or four ounces) as useless, in most instances from eight ounces to one pound being requisite. But if so large a quantity be suddenly thrown upon the heart as occurs in injection by the veins, a fatal arrest of its activity may occur. It must be remembered, also, that in consequence of the bleeding prior to the injection, as much unhealthy blood is removed as good is introduced from the system. Another advantage attendant on the arterial injection is security against the introduction of air, any small quantities that may be introduced being rapidly absorbed during the passage of the blood through the capillaries. By this method, also, all danger of phthisis is avoided, which in many instances, when transfusion of the veins would otherwise have proved successful, had led to the death of the patient. It has not yet been ascertained whether the contact of a large quantity of blood, rendered arterial by whipping with the waste of the right heart, is of any real advantage. In the mode of transfusion by the arteries, the blood necessarily becomes venous during its passage through the capillaries. In conclusion, Mr. Hueter observes that transfusion, whether through the veins or arteries, constitutes a weapon against diseases which can in no other way be contested, and points out the excellent results we may anticipate from its employment.—*Aerztliches Literaturblatt*, No. 6, 1871, and *Langenbee's Archiv*, 1871.



*Ovariectomy during Pregnancy.*—At a recent meeting of the London Obstetrical Society, Dr. Eugene Goddard read the particulars of a successful case of ovariectomy during pregnancy. The patient was twenty-nine years of age, and in 1870 was found to be the subject of an ovarian cyst, but, as there were no urgent symptoms, the consideration of any surgical treatment was deferred. She then became pregnant; and, about the end of the second month of utero gestation, Mr. Spencer Wells removed the ovarian cyst. Eleven and a half pints of fluid were withdrawn. The clamp was removed, and the bowels acted on the eighth day. Pregnancy went on uninterruptedly, and a living child was born at the full period. Dr. Goddard said that the compound nature of the cyst precluded the idea of tapping, as also did the risk of peritonitis, suppuration of the cyst, and the formation of adhesions. Premature labor was not induced, because the patient was already beginning to suffer constitutional disturbance from the double burden, and it was doubtful whether, by the time a viable child could be born, they would not have assumed such magnitude as to imperil the patient's safety; whereas, if abortion were induced, the child would be lost and the tumor would remain.

Dr. Ross related a case in which Mr. Wells had operated under more adverse circumstances, as the lady was much broken down in health at the time of the operation. A small ovarian tumor was diagnosticated eighteen years ago. The patient was subsequently married, and Dr. Ross had attended her in four labors. In no instance was parturition attended with any serious difficulty. During gestation the tumor appeared to become smaller. The tumor rapidly increased about a year ago, and Mr. Wells removed it successfully, the patient being about two months pregnant.

Mr. Spencer Wells said that the existence of the cyst for eighteen years, and the pressure on its walls of hard bone-like masses, had led to the diagnosis of a dermoid tumor. He had performed ovariectomy four times during pregnancy, and all the patients had recovered.

Dr. Bantock said that the diagnosis of pregnancy at an early stage, complicated with an ovarian tumor, was not always easy. In considering the performances of the radical operation in these cases, one fact was worth any number of theoretical objections.

Dr. Scott referred to a case of ovariectomy which he had recently performed. The patient had passed through two labors at term in safety.—*British Medical Journal*.

*Croton-chloral-hydrate*.—At the recent meeting of German naturalists and physicians, Dr. O. Liebreich, to whom medicine is indebted for the introduction of chloral, called attention to the properties of a narcotic agent termed "croton-chloral-hydrate." It is made by passing chlorine into allyl; and is decomposed by alkalies into dichloride of allyl and formic acid, hydrochloric acid being also formed. The first effect of its administration to animals is marked anæsthesia of the head, while sensation is preserved over the rest of the body. Next, there is a general loss of reflex irritability, the pulse and respiration remaining unchanged. If a large dose be given, death is produced by paralysis of the medulla oblongata. The animal may be preserved alive by artificial respiration, the action of the heart remaining unaltered; whereas the final effect of chloral is to produce paralysis of the heart. That death arises from paralysis of the medulla oblongata in animals poisoned by croton-chloral-hydrate, is shown by the fact that contraction of the diaphragm is not produced by galvanism of the central end of the vagus, whereas it follows irritation of the phrenic nerve. When the animal has so far recovered that the breathing has become natural, then irritation of the central end of the vagus produces contraction of the diaphragm. The effects of this agent had also been tried on the human subject in the Berlin Hospital. In a child to which it was given, complete anæsthesia of the parts supplied by the trigeminus nerve was produced, while the reflex irritability of the rest of the body was retained. The pulse and respiration were unchanged in number throughout. Further researches on insane patients gave the same result; and Dr. Liebreich concluded therefrom that croton-chloral-hydrate has the property of inducing profound narcosis of the brain without interfering with the other organs; while a correspondingly deep narcosis produced by chloral is accompanied by general anæsthesia and by dangerous lowering of the heart's action.—*British Med. Jour.*

*Clinical Thermometry*.—Dr. Lucius D. Bulkley has presented a lengthy paper on this subject to the New York Medical Society. It is based on a prize essay he has obtained. The conclusions of the author, based on three hundred and thirty-seven cases of which a record was kept, not only of the temperature, but of the pulse and respiration, are as follows:

1. The body heat is maintained in health, under all conditions, at the uniform standard of 98.4 deg. Fahr.

2. Any constant deviation from this constitutes disease.
3. A return to and continuance at this standard marks the termination of the disease.
4. A single high temperature is important.
5. The changes of temperature in diseases follow definite and known courses.
6. Variations from these typical ranges of temperature in disease are significant, as indicating a disturbing cause.
7. An irregular course is more unfavorable than a uniformly high range of temperature.
8. Different temperatures characterize different diseases, and various days of the same disease.
9. Although a high temperature indicates a more severe attack, no heat under 109 deg. can be considered surely fatal.
10. The daily study of the pulse and respiration, in connection with the temperature, is of great assistance.
11. When the temperature and general symptoms agree, but the pulse disagrees, the two former are to be relied on.
12. When the pulse and general symptoms agree in indicating unfavorably, the temperature can not be relied on, if contradictory, unless the improvement in respect to temperature is marked and persistent.
13. When the pulse and general symptoms agree in a favorable indication, a high or rising temperature should arrest attention.
14. All other means of investigation should be used in connection with the temperature, to obtain the greatest benefit from the latter.
15. The continuous daily record of the three vital signs here represented, in the way exhibited, affords much aid in diagnosis, prognosis, and treatment of disease, by the presentation to the eye of its history in these respects.
16. The systematic record of these three points may assist in determining, at some future day, the vexed question whether the type of disease is changing, by preserving pictures which can be easily compared.

*Hypodermic Injection in Obstetrical Operations.*—In the *Independente* we find a quotation from the *Lyon Medical*, as follows: "We know how difficult the complete evacuation of the amniotic liquid and the spasmodic contraction of the uterus render the execution of version. To favor the maneuver the use of chloroform is



recommended; but if some practitioners have found this of use others have obtained no advantage from it. Dr. Melvin Rhorer has added a method which has also been most successful in the practice of Dr. Brown, of Vienna, that is, the subcutaneous injection of morphine. In the case of a woman, æt. 30, robust and of good health, and who had already given birth to three children without the aid of the obstetrician; three hours had passed since the waters burst, the belly was tense and sensitive to pressure, the pains returned with short intervals, while the exploration of the vagina was painful. An arm of the fetus, violet and swollen, was in the vagina, and the corresponding shoulder was deeply wedged into the cavity of the pelvis. The patient was prostrated from pain. One-sixth of a grain of morphia was injected at the level of the linea alba, at an equal distance between the umbilicus and pubes. Five minutes afterward the spasmodic contraction of the uterus was sensibly weaker, the intervals between the pains longer, and in twenty minutes there was complete calm; the uterus was soft, relaxed, and the shoulder became movable in the pelvis. Version was easily performed in a short time, and the fetus was extracted without uterine contraction. Some slight frictions on the abdomen aided in the extraction of the placenta and the case did well.

*Gastric Juice in the Treatment of Cancers and Syphilis.*—Occasional reference has been made in the medical periodicals to the escharotic, antiseptic, and alterative powers of gastric juice when applied topically to malignant growths. The subject does not appear to have received the attention at the hands of surgeons which it deserves, the chief obstacle in the way of more extended experiments being, without doubt, the difficulty in obtaining a sufficient supply of the agent alluded to.

In the *Clinic* for February 10th, may be found a report of a series of experiments conducted by Dr. Stöhr, of Würzburg. The investigations were made with gastric juice obtained from the stomachs of dogs, either by the establishment of fistulæ, or by first killing the animal and opening the stomach without delay; the juice was also secured from owls and crows by the introduction of sponges into the œsophagus.

The application of this juice to the ulceration was made either by the use of a brush or by pledgets of cotton kept saturated. Experiments were performed upon primary syphilitic ulcers (both

chancre and chancroid) and upon cancer. Very little pain attended the application. Examination of the sore three or four hours after the treatment showed upon the surface a layer of grayish-white, semi-transparent tissue of gelatinous aspect, moderately adherent; this layer thickened after the repetition of the application, and there was developed, after a few days, a decided tendency to healthy cicatrization.

The author thinks the gastric juice is, in a certain sense, a caustic; it digests the tissues to which it is applied, transforming them into pepsine. It acts upon the unhealthy ulcerations and quickly supplants a phagedenic sore by luxuriant granulations.

The pepsine as found in the shops may be utilized for local applications by dissolving one part in one hundred parts of distilled water, with one drop of hydrochloric acid, and about five grains of common salt to the ounce of the solution. This artificial gastric juice is, however, inferior to the natural product.

*To remove Tar or Resinous Substances from the Skin.*—Dr. Brickerd, of Pennsylvania, states that by accident he recently discovered a simple combination that will speedily and effectually remove from glass, porcelain, or the skin, Venice turpentine tar, pitch, or any sticky substance of a like nature that will resist warm water and soap. It is entirely harmless, and yet it will remove these substances as promptly and as thoroughly as soap and water will remove common dirt. It consists of a mixture of the powdered extract of liquorice and oil of aniseed. This seems to combine with the turpentine, and the vessel may then be rubbed dry and clean with a pledget of cotton. For cleansing tar or pitch from the skin, the mixture should be made about the consistency of thick cream, and rubbed in thoroughly—a piece of good soap, a sponge, and warm, soft water will remove the last traces.—*Medical and Surgical Reporter, Feb. 3, 1872.*

## Editorial.

*Ohio State Medical Society.*—The proceedings of the late meeting in June are given elsewhere in full. The meeting was held in the city of Portsmouth, and notwithstanding its location—cut off from easy communication with a good portion of the State—was a marked success. The attendance was good, the proceedings harmonious, and the contributions full, mature, and instructive, as will be seen by reference to the reported transactions.

The hospitality of the citizens of Portsmouth was of the most courteous and abundant character. On Wednesday evening a grand banquet was given at the Opera House, at which all the character and beauty of the city were in attendance to do honor to the medical guests. Then there were visits to the various important establishments; there were excursions, and, in a word, as we have already said, every courtesy and attention was cordially displayed. Those of the Society who were so fortunate as to be in attendance this year will not soon forget Portsmouth and its large-hearted citizens, many of whom we should like to individualize were it not to be invidious.

The President's annual address was given *extempore* on account of an unfortunate accident. It consisted in a cheerful view of the present state of medicine, medical teaching, and medical literature as compared with the past of a quarter of a century ago. It will do good, as a fair refutation of the prevalent idea of the terrible low ebb of the profession in these several respects.

Dr. A. B. Jones, of Portsmouth, was elected President; Drs. J. W. Hadlock, of Cincinnati, and W. J. Conklin, of Dayton, Secretaries; and Dr. S. S. Gray, of Piqua, takes the position of Treasurer, so long and faithfully held by Dr. Thompson.

The next meeting, in 1873, will be held in Columbus.

*The Transactions of the Ohio State Medical Society* are already in the hands of the printer, and those who wish to be promptly supplied should promptly pay their assessment, \$2, either to the Treasurer, Dr. Gray, of Piqua, or Secretary, J. W. Hadlock, Cincinnati. In regard to this matter, the following note explains itself:



"CINCINNATI, June 28, 1872.

"*Editor of the Lancet and Observer*: The Treasurer of the Ohio State Medical Society has furnished me with properly signed receipts, and I am authorized by him to receive the dues (\$2) of members residing in Cincinnati. Prompt payment is earnestly requested, as the Transactions have been in the hands of the printer for several days, and are to be completed, paid for, and distributed by the 1st of August. Respectfully,

"J. W. HADLOCK,

"*Secretary Ohio State Medical Society.*"

*Miami Medical College—Election of Dr. Kearney.*—The vacancy existing in the Surgical Department of this College, created by the death of the late Prof. Foote, has been filled by the election of Dr. Thomas H. Kearney. Dr. Kearney comes to the duties of the chair with a fine reputation. He served with honor as a surgeon in the late war; and for some time past has been on the surgical staff of the Cincinnati Hospital, where he has performed a number of most brilliant operations. He is well known as a successful teacher and a man of full surgical culture.

The Annual Circular and Catalogue will be ready in a few days, and may be had on application to the Secretary, Prof. Wm. H. Taylor.

*Our variety* has been considerably encroached upon for the past two months to allow space for Society Proceedings; indeed, we have not had all the room even for those that would have been desirable. Interesting miscellany, reports of clinical matters, and the Academy of Medicine have, however, been temporarily crowded out. We hope to resume all these in our next issues.

*Bills.*—Our thanks are tendered for the responses made to bills sent out. We trust these pleasant remembrances will continue until all in arrears have liquidated. A few errors have been shown to us, which are corrected with pleasure.

*Medical and Surgical History of the War.*—This work, which is being steadily compiled under the direction of the Surgeon-General of the army, appears to be approaching a satisfactory completion. Part first, consisting of 1,800 pages of statistics of sickness, mortality, disability, etc., is now ready for distribution, or nearly so. This constitutes about one-third of the whole mat-

ter which is proposed to be incorporated in the "*History*." If the necessary aid is afforded by Congress, the remaining material, matter for illustrations, etc., can be pushed to a speedy completion.

*Death of Mr. W. S. Thompson, of Columbus.*—The many friends of Dr. J. B. Thompson, in the Ohio State Medical Society, will sympathize with him in his family bereavement. His son, W. S. Thompson, died on the 6th of May ult., from tubercular disease. He was an amiable gentleman, and leaves a fond wife but no children. His age was nearly 33.

*Death of W. C. Hall, M. D.*—Dr. Hall died at his residence, Fayetteville, Brown county, Ohio, June 5, 1872, aged 38 years. Dr. Hall was a native of Ohio, student of Dr. David Noble, Hillsboro, Ohio, a graduate of the Starling Medical College, Columbus, Ohio, and a very successful practitioner of medicine. He was physician and surgeon to the Ursuline Convent for twelve years; also, was secretary to State Medical Society for six years.

*Married.*—*Oatley—Mungen*—May 23, 1872, Dr. A. C. Oatley, of New Straitsville, Ohio, and Miss Ada Mungen.

*Helmick—Chenoweth*—June 4, 1872, Dr. S. C. Helmick, of Harrisburg, Ohio, and Miss Maggie Chenoweth, Jr.

### *Literary Exchanges :*

*Harper's Monthly Magazine* entered on a new volume with the June number, and we ought to have called the attention of our readers to that issue. But it seems almost a work of excess to speak of "*Harper*," for it really seems as if everybody read and appreciated its varied excellencies.

So, too, we might just as well say of *Godey*, now in its *forty-second year*, and with the current July issue commencing its 85th volume. Its pleasant sketches, engravings, ladies' miscellany, etc., etc., make it a household word in the way of a family magazine.

Jas. R. Osgood & Co. continue their standard issue of the *Atlantic Monthly*, \$4; *Our Young Folks* for \$2. These are on sale at every news stand, or by the publishers, Boston.

*The Methodist Book Concern* publish two very capital monthlies—*The Ladies' Repository*, \$3.50, and *Golden Hours*, \$2. The veteran editor, Dr. Wiley, has been made bishop, and Dr. Wentworth, late of Troy, New York, becomes editor.

## Reviews and Notices.

*Clinical Lectures on the Diseases of Women.* By Sir JAMES Y. SIMPSON, Bart., late Professor of Midwifery in the University of Edinburgh. Edited by Alexander Simpson, M. D. New York: D. Appleton & Co., 1872.

This makes volume three of the new edition of Simpson's works, which have been announced as passing through the press. We have noticed the appearance and contents of Volume I. and Volume II. This completes the series, and is devoted to the study of the more important diseases of women. Very many of these lectures appeared more than ten years ago in the *Medical Times and Gazette*, and a portion of the material of the volume may be found in the *Obstetric Memoirs*, edited several years ago by Drs. Priestly and Storer. In addition to these, however, we learn that a very considerable part of the lectures see light for the first time, written up from original notes taken at the time by the editor, and also from the author's lecture notes. This work, as now complete, will long remain as a monument of the genius and industry of the great author, and all lovers of gynecological practice will be eager to have his views for reference.

On sale by Robert Clarke & Co. Price, \$3.

*Aural Catarrh and Curable Deafness.* By PETER ALLEN, M. D., London. Published by William Wood & Co., New York. Price, \$2.

The above work, just issued, is one which will readily recommend itself to the general practitioner as well as the specialist, but particularly to the former. It consists of a series of twelve lectures delivered during the summer session at St. Mary's Hospital, London. It does not pretend to be an exhaustive treatise on the subject of ear diseases, but merely attempts to present in a plain, practical manner the most approved methods of treating those affections of the ear which come very frequently under the observation of the practitioner. He describes the best methods of examining the ear, lays down rules for the use of the Eustachian



catheter, shows the advantages of Politger's method and illustrates the great usefulness of the tuning fork in making a diagnosis in certain forms of deafness.

In the progress of the lectures he gives the anatomy of the ear, so that the subject under consideration may be more fully understood.

Aural catarrh in all its various forms and in its complications with the throat is treated of in a manner at once interesting and satisfactory.

It is quite up to the improvements of the present day, and recommends itself as a book which, in a practical manner, accomplishes all it aims at, viz: to tell the reader how to examine, what to look for, and where to find the disease in a case of aural catarrh.

S. C. A.

For sale by Robert Clarke & Co.

*Injuries of Nerves, and Their Consequences.* By S. WEIR MITCHELL, M. D. Philadelphia: J. B. Lippincott & Co., 1872.

Dr. Mitchell has been known to many of the profession as one of our most earnest and faithful workers. For a long time his attention has been particularly directed to the study of diseases of the nervous system, especially traumatic diseases. We have had occasion heretofore to speak of the labors of Dr. Mitchell in terms of commendation. The present work gives the result of Dr. Mitchell's observations and experience. Thus, while he gives the result of his observations, we have a very fair resume of what is known already in regard to the anatomy, physiology, and therapeutics of nerve injuries. The volume before us very fully details all these matters, and the book before us shows a full study of the lesions of those structures. It would be impossible to give a full or consecutive notice of this book without giving an abstract in full of its contents.

For sale by Robert Clarke & Co.

*A Treatise on the Diseases of Infancy and Childhood.* Second edition, enlarged and thoroughly revised. By J. LEWIS SMITH, M. D., Curator to the Nursery and Child's Hospital, New York, etc. Philadelphia: H. C. Lea, 1872.

We made a notice of Dr. Smith's excellent treatise on Diseases of Children upon the appearance of the first edition. We took occasion then to express our very decided approval of the

work as one more than usually "well up" in the treatment as well as the pathology. The opinions expressed at that time have been fully confirmed by the opinions of teachers and practitioners elsewhere; indeed, we do not think any recent book has met so general approval.

This new edition has been subjected to a careful revision, as the result of continued observations in clinical study, as well as in the dead-room.

To any of our readers who desire to make additions to this department of their medical library, we can heartily commend this as eminently practical as well as judicious in its teachings.

For sale by Robert Clarke & Co. Price, \$6.

*Bromide of Potassium and Bromide of Ammonia.* By EDWARD H. CLARKE, M. D., and ROBERT AMORY, M. D. Boston: James Campbell, 1872.

This little volume is intended as a monograph contribution to the action of these remedies. The book is arranged in two parts; the first is devoted to the *therapeutical* action of the bromide salts, and the second to their *physiological* action. The whole book is not extended, but while it treats of the action of these new salts in their various doses and indications, it can hardly be deemed an exhaustive treatise. Still, those who wish to make a careful investigation of these matters will find this little volume an important aid in their study.

On sale by Robert Clarke & Co. Price, \$1.50.

---

*Locations for Sale.*—In the present number of this journal will be found several cards of desirable locations for practice. Those desiring to secure a good place should note these cards. We shall take pleasure in communicating with any interested.

THE CINCINNATI  
LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—AUGUST, 1872—No. 8.

---

Original Communications.

*Art. I.—Report of Committee on Practice of Medicine to  
Medical Society of Wabashaw County, Minnesota.*

A report on practice of medicine, to be in any degree serviceable to the profession, must be brief and to the point.

Our medical writers, with few exceptions, are too wordy and too elaborate in their language; to the busy practitioner time will not allow him to enter at length into any medical subject.

Therefore, in this report, your committee will be as brief as the circumstances and importance of the subject will admit.

Any member of this society, during the year past, might have given some views, which, doubtless, would have been of great service in making out a report upon the endemic and epidemic diseases which have occurred in our county in the last year; for the chairman to add all would look like too much responsibility. Nevertheless, we regret to say that no help has been given us by our professional brethren. In future years we hope that all will contribute the result of their experience and observation, when the different diseases which occur may be more generally spoken of, and a report more serviceable and meritorious may be submitted.



The geographical position of our county, its position with regard to the river front, the low lands adjacent to the river, and the highlands in our interior towns, should give a fair type of all, or nearly all, of the diseases which prevail in our State.

You can readily see, then, that a report which has been prepared by a single member must of necessity be imperfect, and, to some extent, unreliable.

During the winter months no epidemic disease came under the observations of your committee.

Scarlet fever in an endemic form prevailed in the vicinity of Plainview; but the type was mild, and few deaths occurred. No peculiarity was observed worthy of remark.

Catarrhal fever among children was prevalent during the winter months, which was of a mild type, and required but little medical treatment.

Pneumonia prevailed as usual in the winter months, which, in February and March, was complicated with typhoid fever.

Pleurisy, as is usual, prevailed to some extent among adults.

In passing, we would remark that all diseases of the lungs are more prevalent here in our climate in winter than they are in a more mild climate; and our experience has led us to believe that our climate of late years is more conducive of diseases of the lungs than formerly, and all of the older practitioners in this county will, I know, agree with me when I assert that our winters are not so cold as they were formerly. Of course, we now have a greater population than we had in the early settlement of our county. Nevertheless, inflammatory diseases of the lungs are, in our opinion, more frequent than they were when the winters were colder.

A great proportion of the population of our county are of foreign birth—Irish, German, and Scandinavian—so that hereditary taint can not account for the increase of lung diseases in our population. This is an important subject to us, as practitioners of medicine, and I doubt not, in time, will receive that careful attention from our profession which its importance demands.

Catarrh and naso-pharyngeal catarrh in early fall and spring, I presume, have been noted by all of you. Nothing unusual has been observed in their symptoms to warrant any remarks from your committee. Local treatment has in our hands, particularly in adults, been most successful.

Rheumatism and erysipelas have prevailed in an endemic form.

The former disease is more prevalent in winter than summer, and more of the inflammatory type—less severe in its symptoms, and less complicated with cardiac disease than we have noticed in our middle States and in the South. Years ago, six weeks was the usual time allotted in Pennsylvania for a case of rheumatism under any or all treatment; here few, if any, run into the third week.

Something in our climate makes all diseases of an inflammatory type more active here than they are elsewhere further east or south; for example, you have all, doubtless, observed how soon a pneumonia will run through all its stages. This activity of inflammatory diseases and the shortness of their duration have also been observed by some of my older professional (brethren) friends. Climate is the undisputed cause; but why? That is the question.

Our profession has made rapid strides in all its other departments of our science, but the real causes of diseases are as little understood to-day as they were a century ago. The microscope can distinguish the cancer cell—other of our appliances can tell the disease; but, gentlemen, who can tell the cause; remove the cause, the effect would cease.

To be candid, with all our physical modes of distinguishing diseases we are in as much darkness of their true cause as were our brethren of the dark ages.

I do not despair; some one (perhaps it may not be in our day) may, like a Harvey or a Jenner, find out what to us has been so long a "sealed book." When we may know the cause, how much easier will be our work to effect our cures. It is quite learned to understand how to distinguish a cancer cell; but does this distinguishing the cell cure our patient. All can by training become accustomed to use the microscope so as to distinguish malignant cells, but who can honestly cure the poor sufferer?

These, and many other as pertinent questions, have occurred to me during the last year; but they have not made me skeptical, nor lose faith in the profession of my choice, and which the noblest minds of our own and other countries have adorned; on the contrary, as I grow older, I am more convinced of the real worth of my profession; more faith in the honest application of remedies to the cure of disease. Scoffers at our science say, why not cure all? This is not in the nature of the case; for all must die. But, my friends, I apprehend that our science, although imperfect, is not one bit behind the law or theology.

For you all know that law is not always justice, nor is believing being saved. Just so soon as a member of our profession becomes convinced that nature is the great "cure all," he becomes a prey to dishonesty, and is a candidate for some ism, or "pathy," which is for the time being fashionable. The true physician assists and helps nature, and you all know that with this help you are doing good to your fellow men daily and hourly. Some of us, as we grow old, become serious, and, in looking back on our lives, think that nature has cured all our cases, as in the case of a celebrated English physician.

This may be honesty; but when a country and fellow-laborers have honored such a man, who, if he believes what he asserts, betrays the dishonesty of frail human nature, and gives the falsehood to every act of his life. It would be hard, very hard for us to acknowledge in our last days that we have practiced deception all our lives—a poor inheritance for our children. I am not one of those who so believe.

The year past has been to most of us, particularly we who have resided on the banks of the Mississippi river, one of great toil and labor. During the months of July, August, and September, myself and partner, Dr. P. C. Remondino, have treated at least three hundred cases of malarial fever in all its types.

In no instance do I now call to mind a single death. Some of the above cases may have died, but not to my knowledge. Quite a number were river men and harvest hands, who left before they were cured, and some of course may have died, but if such be the case I am not aware of it.

Malaria through the whole valley of the Mississippi, the present year, has been more prevalent, particularly below Lake Pepin, than I have known it for years. "Moisture," which has been assigned by some authors, and "continued heat" in our epidemic of last summer, could not have been the "exciting cause," or local influence, for the summer has been, particularly July and August, very dry and cool. Early in September, fogs occurred and the temperature between night and day was greater than I have noticed in this State at the same season of the year, the days being hotter and the nights cooler. Malaria is a subject upon which your committee do not intend to dwell, for we all know the effects, and none of us really its cause. No subject in the whole domain of medical literature has taken more time and labor, with less practical results, than this malarial question; hence, we do not think, at this



time, we can in any way throw any light on this, to us physicians, a very dark subject.

That it exerts a great influence can not, I apprehend, be doubted; not, however, to so great an extent as in more tropical climates. Nor does our experience lead us to assert that it is at all prevalent in the interior of our county, or at least not to so great an extent as along our large rivers. The past summer very little fever prevailed farther back than four miles from the Mississippi, and only a very few cases came to our knowledge of intermittent type away from the bluffs of the river.

Along the Chippewa river, the past summer, malarial fevers did prevail, but they were more of a remittent type, and less intermittent than occurred in the Mississippi valley.

That this so-called malaria lies dormant with us, for years, all will admit. For example, in 1853, our first year's residence in the then territory of Minnesota, malarial fever prevailed epidemically; again, in 1856, three years' intermission; in 1859, three years again; in 1864, five years' intermission, and in 1871, seven years' intermission.

This has been our experience of the epidemic years of malarial fevers, and I think they differ little, if at all, from Dr. W. W. Sweeney's, of Red Wing, an "older settler" in our State than ourselves. Of course, we have seen cases yearly of malarial fevers among our river men; but the above years are those in which all were alike affected, and the diseases of this type were epidemic.

This fall, or during the months of September, October, November, and December, the prevailing months of typhoid fevers, we have seen but little of the latter disease, and, if our memory be correct, we think that the summer and fall in which malarial fevers prevailed the most, typhoid was less frequent. This is only our individual experience, and may not be correct as to the entire county.

The inhabitants of both sides of the Mississippi river, and on the slopes of the hill-sides, north and south, were all alike affected with intermittent fever the past summer. The disease commenced about the last week of July, and continued in those localities until the latter part of September, disappearing as suddenly as it appeared.

Our results in treating this fever, or type of fever, have convinced us that we have been more successful here than in more

tropical climates, and fewer, if any, complications arose, as enlarged spleen, dropsies, etc.

Quinine in solution recently made, or powder in combination with morphia, or an opiate, has been our sheet anchor; in fact, we can not call to mind a single case which came under our observation where this drug was properly administered but what good results followed; and we are more than ever an advocate of its early and repeated administration, "fever on or off."

Since the war we have found that the prejudice against quinine is not so great as it was before; and hence, there is now no real use of disguising our preparations as was formerly the habit.

All of our fashionable preparations of this drug, either in pills or mixture, are not to be compared to your own prescriptions. And sugar-coated quinine pills are not to be relied on, and all the elixirs of quinine in our hands have proved a failure.

F. H. MILLIGAN,  
J. P. WAITE,  
G. R. PATTON,  
*Committee.*

---

***Art. II.—Thoracentesis Aspiration through a previous Vacuum.***

Lecture delivered before the Medical Society of the Hospitals, by Dr. LIBERMANN. Translated from the French by Miss M. E. S., Cincinnati, Ohio.

GENTLEMEN: You have raised the question of the thoracentesis, practiced by means of aspiration. I ask permission from you to take part in the debate, by making known to you the result of my researches upon this subject. And, at first, let us understand well this method called aspiration, for it takes such latitude that it is well to fix clearly the origin of it and to discuss its value. In all time, persons have had the idea of facilitating the escape of some of the liquids of the pleura by means of instruments intended to draw these liquids outward.

M. Bouchut, in a recent work, enters upon this historical side of the question with his usual knowledge. He describes to us the process employed by Galen for the operation for emphysema; namely, the introduction into the chest of a long canula, on which

was fixed a syringe intended to draw the pus from within. This apparatus had received from Galen the name of syringe. In the seventeenth century, suction made in the chests by means of syringes of different forms, was most in vogue, evidenced by the description given by Scultet in 1640. In our day, the same instruments having reappeared, in a form almost analogous, I will mention among others that of M. J. Guerin, composed of a syringe and an extensive flattened trocar. We would never end if we wished to enumerate all the instruments which have been suggested for the same object, and which by turns have been cast off. These different instruments and the method which they represent have fallen into oblivion. As a proof, we find no mention made of them by modern authors in speaking of thoracentesis. One single process is everywhere described, and everywhere in use. It is the evacuation of liquids by means of trocars of various dimensions, from the voluminous canula of M. Reybard even to the capillary trocar of M. Blachez.

Things were thus, when we saw a short time ago the history of thoracentesis enter into a new phase. The observations of operations practiced by means of a certain method of aspiration come to us by hundreds from France and from abroad. It is a true infatuation. At our last meeting or session, upon what consists thoracentesis by aspiration, such as it is practiced to-day, and what is its value? To my mind it is not only a perfection brought from a neglected; it is not sufficient in a simple modification in the mechanism of an apparatus.

The question has been raised by the Academy of Medicine, and you have put it as the order of the day at your last meeting. Now, in what consists the thoracentesis for aspiration, such as we practice it to-day, and what is its worth? In my opinion, it is not a question merely of an improvement made to some of these processes fallen into disuse: a simple modification in the method of an instrument is not sufficient, but we can say we are at this moment in possession of new instruments, which have received from M. Dieulafoy the name of *aspirateur*, and which permit a method of breathing to be made which leaves very far behind the processes by suction of ancient authors. That which constitutes the novelty of our present *aspirateurs* is not merely the potent vacuum and the extreme delicacy of the needle, but it is the application of some previous vacuum, which is the one grand resource in therapeutics. It is this principle which distinguishes our in-



struments—a French discovery—from those which have preceded them, and we have not been a little surprised, when M. Broca came to ask from the Academy priority for the trocar of M. Van-den Corput, for between the two instruments I do not see the least analogy. We do, then, an act of justice in making known the result of our investigations, and it is to M. Dieulafoy that we are indebted for this method of aspiration, which he has made general for all pathological liquids; a method which gives every day such grand results in the treatment of dropsy of the joints, of dropsy around the heart, of the retention of urine, of strangulated hernia, and what we have come to judge to-day as the means of the thoracentesis.

The first works made upon the aspiration of the thoracic effusion are recent, and in two successive publications M. Dieulafoy has touched the principal points of the subject. The question has been stated by the author in a former paper on aspiration in general; afterward he discussed it in an article published in the *Gazette des Hopitaux*, of April 28, 1870, based upon some observations taken for the most part in the Hospital Beaujou, in the service of Prof. Axenfeld, under the title, "*Diagnosis and treatment of the effusion of the pleura by aspiration.*" Now, we ought also to study aspiration from this twofold view, for it constitutes in the thoracic effusion a means of diagnosis and treatment.

Percussion and auscultation rarely deceive us. It is necessary to agree on them, and who of us, in the meantime, has not hesitated in the presence of certain pleurisies from a treatment little known, and from abstruse symptoms, which claim our active interposition, and from which we delay for want of certainty? It is in these doubtful and difficult cases that aspiration is of great help to us, and it is here that all the importance of some previous vacuum springs, of which I borrow a description from M. Dieulafoy:

"The aspirateur being armed, that is, the previous vacuum being made, we introduce the hollow needle into the intercostal space selected in advance. Hardly has this needle passed over one-third of an inch into the thickness of the tissues (that is, when the openings situated at its extremity are no more in contact with the exterior air), we open the corresponding valves of the aspirateur, and the vacuum consequently is made in the needle. We then thrust in slowly this needle, which carries the vacuum with it, and it is the vacuum in the hand, that we urge in the tissues in search of the liquid. At the moment in which this *aspiratrice* needle meets

the liquid, one sees the latter rush into the instrument, and the diagnosis proves itself contrary to the ignorance of the operator."

One can also penetrate for several centimetres, and recommence, if it is necessary, explorations without the least inconvenience to the patient; the absolute harmlessness of the operation depends upon the fineness of the needles. The worst that can happen is the pricking of the lung. Now, this happens often. I myself have observed it several times, and never the least accident has occurred. In recapitulating, that is the first point, I believe, established; for the diagnosis of the effusions into the thoracic cavity, we can acquire by means of aspiration, the certainty of the presence, of the absence, of the nature and the seat of the liquid, since by maneuver it is absolutely inoffensive.

Let us now notice the value of aspiration as a means of treatment; and can any one say it is superior to the usual processes of the thoracenteses made with the trocars? It is necessary to distinguish two cases according as the effusion is simple and acute, or purulent and chronic. An effusion in a simple acute pleurisy having taken place, the evacuation by aspiration is more easy, more complete, and the manual operation more easy. It is easier to introduce the fine needles of the aspirateur than a trocar, even of small dimensions. We appreciate this fact when the intercostal space is narrow, as in the child, or difficult to fix, as in very corpulent persons. With the aspiration, the introduction of air into the chest is impossible, since all is passed between a cavity filled with liquid and an air-chamber, in which a previous vacuum has been made. The escape of the liquid is uniform and continuous; it is not subjected to the play of the lung, as in the *thoracentesis* used with the trocar. The part of the lung here is purely passive; it unfolds itself little by little without tossings and jerkings; the patient also is never seized with violent coughing. As for the evacuation of the liquid, one understands that it may be more complete in consequence of the force which urges it to go out.

Let us add, finally, that the pain is insignificant, and that patients are less frightened at the sight of a needle than at the sight of a trocar supplied with its canula. For the different reasons which I have just enumerated, I conclude that aspiration applied to thoracentesis constitutes an improvement upon the use of the trocar. If the liquid is purulent, one may, in certain cases and without other help than aspiration, exhaust the source of the liquid. The work of M. Bouchut, which I have already mentioned, is

based upon facts of this kind. The extreme facility and complete harmlessness of punctures by means of the needle permit to practice successive aspiration as easily as the injections that we make every day with the syringe of Pravaz. When the liquid reproduces itself, we exhaust it again, repeating it accordingly, even to complete exhaustion. This practice has given some excellent results, and confirms this idea drawn up and generalized by M. Dieulafoy, namely: "When a liquid, whatever may be its nature, is accumulated in a serous cavity, and when this serous cavity is accessible, without danger to the patient, with our means of investigation, our first care ought to be to exhaust this liquid. If it forms again, we draw it out again, and several times if it is necessary, by exhausting the important cavity by means entirely mechanical, and absolutely inoffensive. Before thinking of mitigating the secretion by irritant and sometimes formidable agents, I proceed as briefly as possible to review the advantages of the aspirateur over the trocar.

I had no other aim in this work than to show the superiority of aspiration as a means of diagnosis and of treatment. I undertake also to point out precisely the moment of its discovery, which permits us to attribute the honor of it to M. Dieulafoy, who has rendered a real service to science in making this method of aspiration general. Thanks for his instrument, it has taken citizenship in our hospitals. As for the aspirateurs, we see them every day springing up, and we do not doubt but that they still will increase, so much has the method, which we praise, extended since M. Dieulafoy presented his first aspirateur to the Academy in September, 1869.

We have not here discussed a question of instrumentation; what concerns us is the application of the method.

---

### ***Art. III.—Death from a Blow in the Epigastrium.***

By Dr. D. W. FLORA, Newaygo, Mich.

At the hour of 11 P. M., on the night of April 11, 1872, I was called to see the body of an Irishman, aged about 40 years, by the name of Austin Freely.

At the time of my visit life was extinct. The dead man was



an Irishman. He laid in a railroad shanty, about four miles from this village. The history of the case was that the deceased had engaged in a scuffle with another man by the name of Clark, at 9 o'clock that evening. Clark was thrown upon the stove, which, at the time, contained fire, and, on begging to be released, they both rose up, Clark still holding Freely by the coat collar. He says he gave him a shove backward, still holding him by the coat, when Freely was observed to sink down upon a bench in the rear, turn pale, and draw his breath in a "gasping manner."

One or two other men present seized him and carried him out of doors, where, after one or two convulsive efforts at breathing, he expired.

A coroner's jury was impaneled the next day (April 12), and the evidence was substantially as above narrated.

A section of the body, twelve hours after death, revealed the following conditions:

*Rigor-mortis* very strongly marked. Extensive sugillations on the back of the neck and posterior of the body. Not a bruise, scratch, or abrasion was visible on the head or body.

Section of the *thorax* showed the lungs, heart, and pleura entirely normal.

Section of the abdomen revealed an enlarged and engorged liver.

*Spleen* three times the natural size, much softened, and easily broken down.

*Stomach*, transverse *colon*, and upper portion of smaller *intestine* in a state of chronic inflammation.

The stomach and colon, where they were in contact with the omentum, were congested, softened, and could be easily perforated by the finger nail.

The *duodenum* in the vicinity of the mouth of the common bile-duct was in a state of subacute inflammation, and the walls of the stomach and intestines in the above regions, showed, under the microscope, *fatty degeneration*.

Directly beneath the stomach, and over the great *solar plexus*, was discovered a fresh *clot of blood*, near a half tablespoonful in quantity.

The only conclusion which could be arrived at, was that this effusion over the great *solar plexus* was the result of a blow or injury directly in the epigastrium or *pit of the stomach*.

The verdict of the jury was in accordance with the above facts.

Freely's history, as far as I could ascertain, shows him to have been a *hard* drinker, and during the last year a subject of *malarious fever*.

This accounts for the engorgement of the liver and splenic enlargement, which, with chronic *alcoholism*, is sufficient to account for the *fatty degeneration* of the intestinal walls.

It is a question in pathology, whether a blow in the epigastrium, in a man of sound health and vigorous constitution, would have proved fatal as in this case.

No *legal* investigation followed the coroner's inquest, so we are at a loss to know whether the blow or injury was the result of *accident* or *design*. The witnesses, although evidently telling a made-up story, unwittingly admitted the fact of a bad feeling, by the men each of them saying to the other, as they raised up from the stove, "*I won't strike you if you don't strike me.*"

I have *heard* of a great many deaths from blows or injuries in the "pit of the stomach," but the above is the first that ever came under my observation.

It shows the value of a thorough section of the body in cases where no evidence whatever of violence appears externally. I think a *legal* investigation was also due to the man Clark as well as community at large. As it stands now, the man Clark is the instrument of Freely's death.

---

#### ***Art. IV.—Case of Bony Formation Incasing the Heart.***

Reported by NORMAN GAY, M. D., of Columbus, Ohio.\*

Mr. A., æt. 29, came into the hospital of the Ohio penitentiary stating he had "liver complaint," and had been under treatment eight or nine years before he became an inmate of the penitentiary, for disease of the liver.

On examination, I found the lower margin of the liver on the right side five inches below the ribs. He had the appearance of a case of fatty degeneration of the liver. After some months, I found he had tubercular disease of the left lung. Dropsy came on in abdomen and lower extremities. He was relieved from time

---

\*Read before the Ohio State Medical Society, June, 1872.

to time by the usual remedies, but the effusion soon returned. He died from exhaustion, March 19, 1872.

*Post Mortem by Dr. Clark, Superintendent.*—The liver was nearly twice its normal size and a well-marked specimen of fatty degeneration. There were also large masses of tuberculous deposits in different points, which I think were of subsequent date to the fatty disease and had been deposited since his confinement as a convict. The other viscera of the abdomen were healthy. The left lung was filled with tubercular deposits, with abscesses and adhesion of pleura. The muscular system was in good condition, well developed, and good color.

In continuing our examination of the chest, we found an unusual heart, which I now show you—the bone covering the anterior and part of the posterior surface of the heart, measuring transversely four and a half inches, vertical five and a half inches, extending over the apex and upon posterior surface one and three-quarter inches, and in many parts an eighth of an inch in thickness and very firm. On the line opposite where the two ventricles are attached, the bone is quite thin, anterior and posterior. On examining the sawed edges of the bony shield, my conclusion was that the bone was developed in the parietal layer of the pericardium, but as we get to the posterior surface of the heart, we find no appearance of a pericardium. From all appearances the formation is congenital and not transformed from the pericardium.

On the right side the pleura was healthy, with no diseased attachments to the bony case. On the left side we had disease extending from the left lung, which was filled with tubercles, with abscess. The cavities of the heart were larger than normal. The valves healthy; the sounds of heart natural but feeble; impulse slight; action regular and slow; good circulation to both extremities. Had great difficulty of breathing after lung became affected, but not before.



## Translations.

### *Aphasia.*

Par ADRIEN PROUST, *Professeur agrege a la Faculte de Medecine.* Translated from the "Archives Generales," by THOMAS C. MINOR, M. D.

*Etiology—Pathological Anatomy and Physiology—Lesion of the Third Left Frontal Circonvolution—Theories—Essays of Pathogeny.*—We have cited a great number of cases in which the aphasia appeared a leading symptom, and the later works which have been published in regard to this question contain a very long list of the causes of aphasia.

Sometimes, as we have previously said, a certain number of authors having taken the word aphasia as synonymous with total loss of speech, have placed, in the etiology of aphasia, cases which are foreign to it.

In this way, Bateman, in a memoir already cited, included among the number of the causes of aphasia (he placed them at the same time in the first rank), deaf-muteness, idiocy, and diseases of the spinal cord. Without doubt, language is injured in each one of these affections, but this is not the alteration which constitutes aphasia.

The same still, following the remark of Broca, we can not consider as aphasias certain maniacs, who, like unto the disciples of Appollonius of Lyanes, kept during the space of many years a systematic silence; neither of other deranged persons who uttered certain cries, emitted certain sounds more or less articulated, but denuded of all signification, and which could not be placed in any tongue.

Nevertheless, after this legitimate elimination, all obscurity has not yet disappeared, and the patients, in whom aphasia showed itself, remained very numerous and should belong to groups altogether dissimilar.

Some of these groups contain only a few examples, the majority without autopsy. The symptomatology itself is too badly pointed out, shown with too few details, for one to pronounce with certainty the word aphasia.

I will cite as examples, to the point of this reflection, the pretended aphasias observed following intoxication from the effects of *datura stramonium* (Sauvages, Paget, Black of Torquay), from *belladonna* (Sauvages), and after the administration of opium (John Ogle). We could add to these aphasias, so called from intoxications, the case related by Mr. Ruftz to the Society of Anthropology. The trouble of speech, in this case, came on after a snake bite (*fer de lance*).

The aphasias, called nervous, following a fit of rage, are acute impressions; the aphasias observed in the course or in the decrease of fevers are likewise rare, and have a pathogeny still very obscure. We do not like to dissert upon hypothetical views; elsewhere the interpretation that we shall give to these cases will become much more clear, when we shall make known the lesion that we have found in the majority of aphasic patients.

Most ordinarily, the symptom aphasia is the result of an alteration of the third left frontal circonvolution. This lesion does not arise incidentally; it is the result of a vascular obstruction, habitually of embolic origin. The clot migrates, is arrested in the left sylvian artery; the circulatory stasis produces a trouble of nutrition of which the local necrobiose is the result. So, we can say, that, clinically, aphasia is connected with cardio-vascular affections; that it often accompanies right hemiplegia; finally, that it is the symptom of a softening of the anterior lobe of the brain, and more particularly of the third left frontal circonvolution. Now, this lesion, I repeat it, is not the effect of chance; it has for an origin a series of facts playing among themselves the part of effects and of causes. Sometimes the softening is not the only cause of the lesion which produces aphasia, and the third circonvolution may be altered under other circumstances. A hemorrhage can perfectly be produced at the point before mentioned, the same that traumatism may attack it.

I saw, last year, at the *Hospital Beaujon*, in the ward of Dr. Duplay, a federal, who received, on the 19th of March, a chasse-pot ball. This projectile had ripped open the whole left frontal region. The wounded man became aphasic, responding to all the questions that one asked him only, eh! eh! eh! He presented at the autopsy a complete softening of the left anterior lobe—an alteration following traumatism, a hemorrhage, a tumor; a lesion of any nature whatever may then be produced in the anterior lobe or in the third left circonvolution. But, I repeat it, this phenom-

enon is observed rather in the case of softening, and, clinically, the symptom aphasia ordinarily signifies alteration of the left anterior cerebral lobe, and more often still lesion of the third left frontal circonvolution.

Up to this point I have proceeded by affirmation, but it becomes necessary to justify by proofs the propositions I have enunciated. I shall go into some details which will not be useless. This question, in fact, is very interesting; it touches the most curious points of cerebral physiology, and clearly solved, it will engender, from the point of looking at the doctrine of localization, most important consequences. That we localize, in fact, articulated language at a determined point of the brain, and the question of cerebral localizations will be decided.

The different opinions uttered in regard to this by the ancients rest only upon hypothesis; they consider the different faculties as residing some in the head, others in the liver, others in the heart; finally, the spleen and the solar plexus also had their faculties.

Each one of these affirmations constitutes an error.

Thus, Gall, who first clearly laid down the question and fixed in the circonvolutions which rested upon the orbital vault the seat of the memory of words. But Gall was wrong to enfeoff the phrenological question to the problem of localization.

During his sojourn at college he had looked with envious eyes upon his happy fellow-scholars who learned with marvelous facility all their lessons and carried away all the prizes. He had noticed that these young men all had projecting eyes; he concluded that this was the sign of intellectual superiority or of genius. Leaving college, he did not wait to perceive that the majority of these pupils, endowed with such brilliant memories, were definitively only very ordinary men, and would only obtain little success in this life. He was then obliged to modify his first idea, and to consider the projection of the eyes as an indication of verbal memory, of facility for languages, and other qualities which make a man successful at college. This was, then, more the general indication of intelligence; it was a special *bump* corresponding to a particular faculty. It was from this basis that he started to found his system of phrenology, which had so many adepts at the commencement of the present century, and which still counts some at the present day.

The *bump of language* was the starting point of the localization theory; in effect, when that, a cerebral projection, corresponded to



a particular projection, the other intellectual faculties, as well as the passions and vices, must likewise correspond to *bumps* or particular cerebral projections.

Gall collected at his house all the greatest rogues of Vienna, the thieves, assassins; finally, all those, in a word, who had been plucked away from justice. He examined with care the projections and anfractuosities of their heads, and it was in this manner he discovered, or believed he discovered, the *bump* of theft, murder, etc., etc. In a word, he founded the system of cerebral localizations, attributing to each faculty a special corresponding circonvolution. The system of Gall has lived, and it will find no longer to-day a new Spurzheim to vulgarize it.

Gall has been reproached in these latter days with not having been the creator of his system.\*

However this may be, if Gall was not the first phrenologist; if his system rested upon a very fragile basis, he has not less the incontestable merit of having clearly laid down the principle of cerebral localizations, and it is wrong what Provencal said: "The principal merit of Gall is to have, in presenting his memoir to the 'Institute,' forced Cuvier to occupy himself with the anatomy of the brain."

Gall placed, then, in the circonvolutions which rested upon the orbital vault the seat of the memory of words. But the opinion of Gall did not repose upon facts scientifically demonstrated, and it was Mr. Bouillaud, who, in 1825, deduced from his researches on pathological anatomy the following proposition: "The anterior lobes of the brain are the organs of the formation and of the memory of words, or the principal representative signs of our ideas. The organ of articular language resides in the anterior part of the encephalon."

In 1861, Prof. Broca, following a discussion at the "Anthropological Society," concluded from the examination of many cases

\*There has been found recently a small work which dates from the epoch of the discovery of printing, and which has for its title: *Margarita Philosophica*.

It is a system of phrenology as complete as that of Gall; it contains a wood engraving representing a skull divided into small compartments, corresponding to different faculties.

See, regarding this question, the discussion of the "Society of Anthropology" (year 1861).

as to the localization of articular language in the third left frontal circonvolution.

A short time after, in 1863, a claim of priority was raised by M. Dax de Sommieues (Gard) in favor of his father, who, he said, had given forth the idea of the localization of speech in the left side of the encephalon a long time before. He himself gave cases to the point of this opinion. However, if this communication had been made by Mr. Dax's father, at the "Congress of Montpellier," it had not been published and passed completely unnoticed. Therefore, however it may be, we owe to Broca the knowledge of the localization of articulated language in the left cerebral hemisphere.

It is, without doubt, one of the most curious and most unforeseen phases of the question. It would seem natural, in fact, to attribute to the two halves of the brain a symmetrical organ, a parallel action, following the celebrated theory of Bichat. Behold now the extremely curious and imposing facts, which, by their number, would appear to establish a radical difference between the functions of the two halves of the brain.

If we should wish to resume the different opinions regarding cerebral localizations we could say: that Mr. Bouillaud localized the faculty of articulated language in the anterior lobes; M. Dax in the left hemisphere, and Mr. Broca, conciliating, so to speak, these two opinions, pointed them out more, placing the faculty of articular language in the third frontal circonvolution of the left side.

We shall examine successively the reasons which have been invoked in favor of each one of these opinions, and discussing successively the proofs derived from microscopic anatomy, from the anatomy of development, from comparative anatomy, from anthropology, from physiology, and finally from pathological anatomy.

*Proofs drawn from Anatomy.*—It is very difficult to seize at the first approach the relation which may exist between the knowledge of the anatomy of the brain and the localization of articular language. The most minute examination of the cells and nervous tubules teaches nothing in this respect, and so much so that Broadbent has pretended that the third frontal circonvolution is a particular structure; that it receives the fibres of a greater number of circonvolutions. This notion, were it at the same time demonstrated, would not render us less instructed regarding the cerebral localizations.

So, not being able to judge the problem in approaching it at first, it is necessary to essay the solution by indirect procedures. It is very difficult, in fact, to seek to localize speech or language, without asking ourselves from thence, if there is a connection between the weight, the form, the volume of the brain, and the power, the activity, the fecundity of the intelligence.

I do not wish to enter into great developments regarding this subject. I will only say some words of it. Every one knows the enormous weights of Cuvier's and Byron's brains. Byron died aged thirty-six years; his brain weighed 1,807 grammes. Cuvier died aged sixty-three years; the weight of his brain was 1,829 grammes. Berard had the curiosity to compare with Cuvier's brain that of a man aged forty years, who died at the "Hospital St. Antoine." The encephalon of the great man weighed 429 gr. 63. more than that of the vulgar man; and he proved that this superiority came almost entirely from the cerebral lobes, for the cerebellum, the protuberance, the bulb, and peduncles weighed together, only presented a difference of 5 gr. 86. in favor of Cuvier; the remaining difference was 423.77, being what was the brain properly speaking.

The question has been perfectly laid down by Berard. It is not, in effect, the entire weight of the encephalon that it is necessary to take into account, but the weight of certain parts (the circonvolutions); and it will be necessary at the same time to weigh them separate, in order to arrive at the solution of the problem. So, the objections drawn from the statistics of Rudolph Wagner and Sims have only a little value. The most complex facts would be mixed; diseases of the brain would be weighed with unimpaired brains, and we would arrive at this singular result: the two first placed upon the list would be found to be an idiot and an hydrocephalic. Cuvier occupied the third place, and Byron the fourth. Prof. Broca has separated from these statistics the foreign elements, and has deduced a more legitimate conclusion from it.

It is necessary, also, in these experiments, to take in consideration the age, the sex, the height. An appreciation made after these ideas will no more produce the strange results that we have described.

Sometimes, in spite of the perfection of weights obtained following these principles, we still will not arrive to formulate the intelligence of individuals and cipher it; we still shall not have, as Gratiolet has said, an intelligence of 1,500 gr., and an intelligence



of 800 gr.; to these ideas of quantity it is necessary to add ideas of quality.\* Weight, in effect, is not all.

Desmoulins established a connection between the development of intelligence and the extent of the surface of the circonvolutions. Other savants attach it, above all, to their form. The brain of the illustrious mathematician, Gauss, presented circonvolutions, of which the folds were of an extreme richness, but very narrow. The cerebral molds of vulgar men show us to the contrary very large folds, and very slightly complicated ones.

Gratiolet, as well as he defended himself of being a localizer, insisted much upon the form of the anterior parts of the encephalon, and in classing the different regions after the dignity they represented. The frontal circonvolutions should occupy the first rank; there was the seat above all, according to him, of the noble faculties of human understanding. The predominance of the frontal region gives superiority to certain groups of individuals, in the same manner that frontal races were, as regards intellectual development, much superior to occipital races.

We return here to the questions of localizations, and Prof. Broca pointed them out still more, by drawing from the examination of forty brains the following conclusions: the circonvolutions are notably more numerous in the left frontal lobe than in the right; the inverse state exists in the occipital lobes.

After the same observer, and as well as the two hemispheres should have very nearly the same weight, the left frontal lobe is sensibly more heavy than the right. Finally, following the statistics of Dr. Boyd, which are based upon about eight hundred cases, the weight of the left hemisphere surpasses, almost always by about an eighth, that of the right side.

[TO BE CONTINUED.]

---

\* See, regarding this subject, the discussions already cited of the "Anthropological Society," a discussion I can only give a *resume* of.

*Foreign Bodies in the Auditory Canal.*

From the new Italian monograph on diseases of the ear, entitled "*Le Malattie Dell' Orecchio-Trattato-Teorico-Pratico; basato specialmente sull' anatomia normale e patologica e sulla fisiologica dell' organo uditivo, pel.*" Dr. E. DE ROSSI. Translated by THOMAS C. MINOR, M. D., Cincinnati, O.

## CAPITOLO V.

§1. *Inanimate Foreign Bodies; Symptomatology; Cases operated on; Animate Bodies; Insects; Cases operated on; Method of Extraction; Treatment.*

*Inanimate Foreign Bodies.*—The hypersecretion, accumulation, and hardening of cerumen in the auditory canal may, as we have already seen, give rise to a plug-like formation, more or less consistent, which constitutes, truly speaking, a particular kind of foreign body. The frequent appearance of the same, abridged by pathological lesions of the membrane of the canal, to which in various cases they can only be justly attributed, has led me to treat them separately. The deposits arising from the walls of the canal, or even from the more profound regions of the temporal bone of various morbid products, such as pus more or less concrete, coagulated blood, masses of epidermis, etc., representing a category of foreign bodies, which they furnish, will be taken into consideration in speaking of the diseases on which they depend.

I intend to occupy myself, in this place, only with those foreign bodies which arise from without, excluding, however, those which are introduced by the hand of the physician, with a therapeutical design.

Organic or inorganic bodies, if accidentally introduced into the auditory canal, certainly do not form a series as varied as those which regard other cavities in the human body, the anus, for example, and the vagina. They are, ordinarily, small pebbles, grains of seed, of wheat, or else of beans, balls of excrement, glass pearls, rosary beads, pellets of paper, of bread, bits of crockery, pins, small pieces of wood, small shells, living insects, larva of the same, or any species of fungi.

The greater part of these foreign bodies are introduced by boys in sport, or else, if among adults, with the idea of practical joking, which is always reprehensible. Not unfrequently affections of the ear, especially chronic, force the patient to scratch indiscreetly

the diseased locality, and they apply whatever comes into their hands in order to satisfy this want. In this way objects of a rounded form, or short, escape easily from the fingers, and the attempt the individual makes to seize them, only assists in pushing them deeper into the canal.

I had occasion not long since to observe a curious method of introducing foreign bodies in this locality, in the case of a young man, aged twenty years.

As he was about falling asleep, with his young niece in his arms, he was suddenly awakened by acute pain in the left ear, followed by its stopping up; and, on examining the naughty girl, he saw in her hands some kidney-beans; led by this to suspect the cause, he took one in order to demonstrate if the other ear could be penetrated. It penetrated the place immediately, but he was obliged shortly afterward to have recourse to his physician, in order that the two beans might be extracted. The physician, in spite of repeated attempts with ordinary pinchers, did not succeed, and postponed the operation until the next day. The patient then having suddenly been attacked by acute pains during the experiment, and also suffering from dizziness, was advised to consult me.

I found the canal somewhat tumid, the walls stained with blood; the two beans visible a short distance from the meatus; pressure upon the tragus very painful. I proposed to extract them, but the boy becoming frightened, would not allow the operation. However, I showed him a simple syringe and basin of water, advising him that I should limit myself to some simple procedure, if he would permit it. I was then able, without much difficulty, to immediately search for the two beans already swollen and softened.

The canal was deprived of its epidermis at various points, the membrane in good condition, and the sense of hearing entirely restored. The young man no longer complained of pain. All physicians who devote themselves to the diseases of the ear, possess a number of similar observations. How they may manoeuvre, more or less unwisely, is seen in the complaints as far back as in the time of Fallopius, which led him to write: "*Quando concidit aliquid durum in meatum auditorium, ut cum aliquis nebulo, vel tonsor ineptus, vult illud corpus extrahere, ut cum violenter rem agat exulcerit partes illas.*"

The symptoms produced by foreign bodies are not always as



mild and benign, as one would be led to believe at first sight. There are on record many well verified cases, which were accompanied by most serious local and general symptoms, with a course now and then fatal. These cases will merit the greatest attention on the part of the practitioner; he may see general morbid phenomena, representing reflex symptoms from nervous irritation, produced by foreign bodies in the ear, without suspecting their existence for want of local signs. Let us note here the history of a girl, aged twelve years, who had introduced a glass button into her auditory canal, causing most serious symptoms, which only ceased, when the foreign body in question was extracted. It is to Fabrizio Hildano, I am indebted for this observation. He speaks of the vain attempts he made in order to free the canal. These attempts caused acute pains, which were irradiated to the corresponding limits of the head. Subsequently there was a numbness in the arm and hand, which afterward extended to the lower joints, and finally to all the limits of the body. This torpor was accompanied by pain, which increased at night; and during cold and moist weather, by a dry cough, by disorders in the uterine function, by epileptic convulsions and atrophy of the left arm.

Fabrizio Hildano extracted the glass button after eight years had elapsed; all convulsions afterward ceased, while all the remedies used for such a long space of time had not given any satisfactory results. A case, with less duration of epileptic convulsions, is also mentioned by Wilde.

Not the less interesting is that reported by Sabatier, in his operatory medicine. "I have seen," writes this celebrated practitioner, "a pellet of paper causing the greatest pain and leading the patient down to the tomb. The presence of this body in the ear was not very certain; the search made for it was wholly other than methodical, from whence the foreign body was always thrust deeper, and so came to the following conclusion, that it was obligatory to percuss the external ear, without penetrating into the meatus. The patient continued for several months to enjoy good health, then afterward was attacked by putrid fever, and died on the 17th or 18th day of this disease. The head appeared to me to merit particular attention. At first sight no lesion of the brain seemed to exist, but, having raised this organ, I discovered that the part which rested on the superior face of the left petrous portion of the temporal bone, had contracted an extraordinary adherence with the dura mater. At the situation of this adher-

ence, existed an abscess of small size, the pus of which communicated with the fenestra ovalis of the tympanum, by means of an ulceration of the temporal bone. The pellet of paper was found back of the tympanum, where it had penetrated, after having destroyed the membrane."

Arnold makes mention of a young man, who had suffered for a long time from a hard cough, with expectoration, frequent vomiting, and remarkable failing of the internal organism. After a careful examination, he finally found a bean in each auditory canal, where they had been introduced a long time before by the boy, while at play.

Extremely interesting is the following case, which may be found in the practical observations of William Wilde: "A physician, writes he, led me to a boy, who had, while playing with some pebbles, allowed one to slip into the auditory canal some six hours before. He was not complaining of any pain, but his parents being greatly uneasy wished me to extract it, *so that it would not penetrate into the brain*. The physician first called asserted, that he had used, without success, various instruments in order to recover the muchly dreaded stone. The boy was in appearance weak, and his face showed the not doubtful signs of painful endurance. There occurred a considerable flowing of blood from the meatus, which now commenced to swell. In the examination instituted by me, I found the canal much injured, and was able to see and touch, in correspondence with its anterior wall, a white and rough surface, which I concluded, and was afterward assured of, did not belong to a foreign body, but most certainly to a portion of denuded bone, so that contrary to the wishes of my friend, I recommended waiting, to the end that at least the blood might cease flowing. At a subsequent day suppuration commenced, and having injected into the canal tepid water, the little pebble burst out to the aperture. I was then able to extract it easily with forceps. A further examination showed me, that in the force used in roughly pulling on the foreign body, the membrane of the tympanum was lacerated toward its anterior segment, and the bone was uncovered to a remarkable extent."

Not less curious is the case reported by Sabatier, belonging to Morrison. Into the ears of a drunken man, liquid lead was poured, there was afterward deafness and a purulent discharge, also facial paralysis; but the metal was so molded in the canal, that after the lapse of seventeen months they were unable to ex-

tract it. Triquet tells of a boy, who presented himself at his clinic, on account of a singular deafness, which had lasted two years, and showed itself shortly after a day of sport, passed with his friends. That which most tormented him was a sort of stupor in all the corresponding extent of the head; he had, moreover, a particular staggering in walking, and with great difficulty kept his balance in a vertical position. The examination of the part disclosed a foreign body, which was at first believed to be a plug of cerumen, but was recognized afterward to consist in a fragment of cigar, the length of two centimetres. After its extraction the torpidity disappeared, and also the disturbance of co-ordinated movements; but the deafness remained invariable, in spite of the curative means successively used.

[TO BE CONTINUED.]

---

*The Uses of the Uvula.*—In an important paper on this subject, by Sir G. Duncan Gibb, Bart., M. D., LL. D. (*London Lancet*), his conclusions are as follows: 1. It acts as a sentinel to the fauces in exciting the act of deglutition when anything has to be swallowed. 2. It compresses the soft palate, and holds its posterior free border firmly against the wall of the pharynx in deglutition, so that nothing can pass upward. 3. It modifies speech in the production of loud declamation and the guttural forms of language, by lessening or diminishing the pharyngo-nasal passage, when it acts as an elevator. 3. Its elevating power is increased to the most extreme degree in the highest ranges of the singing voice, and is very moderately exerted in the lower ranges. 5. Therefore, in its uses, deglutition and vocalization are the functions that are intimately associated with the uvula, and both become impaired more or less if it is destroyed, wholly removed, or seriously injured.

*Management of Persistent Hiccough.*—Dr. Emory L. Willard (*Pacific Medical and Surgical Journal*) relates three cases of violent and persistent hiccough, which were relieved by inhalation of the salts of white hellebore. The hiccough stopped as soon as the new action was set up by the remedy.



## Hospital Reports.

### CINCINNATI HOSPITAL—THE COLD BATH IN SUN-STROKE—SERVICE OF W. P. THORNTON, M. D.

Reported by W. H. FALLS, Resident Physician.

[As hydro-therapy and the antipyretic treatment of disease are likely to attract considerable attention from the profession, the following cases are offered as a contribution to the subject. The introduction and frequent use of the thermometer in the treatment of hyperpyrexia make this class of cases much more satisfactory than they otherwise would be. The physicians in charge of the wards express themselves greatly indebted to the internes, Drs. Falls, Ratterman, and Neave, for their assiduous attentions to these cases.]

Frank S. Admitted July 3, 1872, 7½ P. M., æt. 40; Germany; stone-mason. Was brought into the hospital in a comatose condition; skin hot and dry, face flushed, carotid and temporal arteries beating strongly; breathing somewhat labored, pupils contracted, and did not respond to light, lips and tongue very dry; temperature 104½° F., pulse 90, full and strong; passed his fæces involuntarily, and vomited just after being brought in; no alcoholic odor on his breath.

7.50 P. M. His clothing was removed from his body, and he was placed in a cold-water bath, containing pieces of ice, and ice-bag applied to his head. The water was about the temperature of 78° F. Temperature of body, pulse, etc., before being placed in the bath the same as on admission. Temperature of the water was gradually brought down to about 75° F.; was kept in the bath ten minutes; temperature just before being taken out of the bath 94° F.; pulse 80, full and soft.

8 P. M. Was taken out of the bath and placed in bed, with a sheet thrown over his body. Ice-bag was applied to his head, and plenty of air allowed to reach him.

8.10 P. M. Temperature 99° F.; pulse 80, full and soft; respirations 24, and easy; pupils contracted; had a convulsion, which continued a quarter of a minute; skin cool and slightly moist.

8.35 P. M. Temperature  $98\frac{1}{2}^{\circ}$  F.; pulse 80, full and soft; respirations 24; pupils contracted.

From 9 P. M. until 11.30 P. M., temperature was  $98\frac{1}{2}^{\circ}$  F.; pulse 72, full and soft, and pupils contracted.

July 4, 3 A. M. He became conscious and asked for a drink of water; was given a glass of ice-water; ice-bag which had been kept to his head all night was now removed; he soon passed off into a quiet sleep, and slept well during the rest of the night.

7.15 A. M. Gave the following history of himself: States that he had been working in the sun all day yesterday, had a very severe headache yesterday afternoon, felt very much depressed, and perspired very little; he suffered very much from the heat, and was scarcely able to work; took a glass of beer yesterday morning, and one in the afternoon; has been accustomed to taking a glass of beer morning and evening for several years; started for his home at 6 P. M., had walked about two squares from where he had been working, when he suddenly fell to the ground; from that time until 3 A. M. to-day, he recollected nothing. He was found in a comatose condition, and brought to the hospital, a distance of about one mile.

His bowels have moved twice this morning; ate a very hearty breakfast of bread, coffee, beef tea, and milk; says he feels "all right," with the exception of a slight dizziness of his head. Temperature  $99\frac{1}{2}^{\circ}$ ; pulse 64, full and soft; pupils active.

4.30 P. M. Temperature  $98\frac{1}{2}^{\circ}$  F.; pulse 74, full and soft. Requested to be allowed to go home. Discharged perfectly well.

---

### SERVICE OF WM. CARSON, M. D.

Reported by BERN. J. RATTERMAN, Resident Physician.

July 3. Unknown white man, probably 25 years of age; well developed, and well nourished. Was seen staggering along the street, and fall down unconscious; brought into the house at  $5\frac{1}{2}$  P. M., unconscious, face flushed, respiration loud and moaning; pulse 160, small and tolerably firm, temperature  $105\frac{1}{2}^{\circ}$ , an alcoholic odor on breath; fæces being discharged involuntarily, and pupils contracted; on ulnar side of right arm, posteriorly, was found an abrasion two inches square.

Placed the patient at once into a bath, containing about ten pounds of ice, and applied broken ice, in a towel, to head. After remaining in the bath fifteen minutes, the temperature in the axilla came down to  $104\frac{1}{2}^{\circ}$ , half an hour later to  $103^{\circ}$ , and in forty-five minutes to  $102^{\circ}$ . At this time he vomited, bringing up the remains of a cigar, some food, and a thin, offensive, brownish fluid; then the pupils dilated, and he made efforts to get out of the bath, though still unconscious.

While in the bath respirations were deep and moaning, numbering twenty to the minute; bowels continued to discharge thin, yellow, feculent matter, and skin presented the appearance of the cutis anserina.

The patient was next taken out of the bath and placed in bed, the ice being continued to head; he was then so restless that he had to be held, and a sheet fastened across his limbs, on either side of the bed.

An hour later the temperature had risen to  $102\frac{1}{2}^{\circ}$ , pupils were again contracted, and respiration 36. Ice was then placed on either side of the body. After another hour the temperature was found to remain at  $102\frac{1}{2}^{\circ}$ , had vomited several times of a brownish, offensive fluid; pupils sometimes dilated, and again contracted, and had also gnashing of teeth and convulsions, which usually accompanied the dilation of the pupils. Placed mustard draughts to feet, which were cold. At the next hour the temperature was  $103^{\circ}$ , respiration 40, still loud and moaning; pulse 140, small and irregular; convulsions continuing. Gave chloroform to arrest the convulsions. Under chloroform pulse came down to 80, small, irregular, and intermittent; respiration 45, less deep. Shortly before death, which occurred four hours after being taken from the bath, had a convulsion.

*Necroscopy* by N. P. Dandridge, M. D., sixteen hours after death. Suggillations over surface. On opening the body, found the left lobe of liver three inches below ensiform cartilage; pleura adherent over entire extent of both lungs. Lungs everywhere crepitant, weighing  $3\frac{1}{2}$  lbs.; on section, substance darker colored than normal, and a large amount of fluid escaping on cut surface, especially at apices. Heart weighed 13 oz., and measured  $5\frac{1}{2}$  by  $4\frac{1}{2}$  in.; right ventricle and valves of right side normal; left ventricle also normal, but the anterior curtain of mitral valve slightly thickened, and an extensive ecchymosis beneath the endocardium, on the trabeculæ supporting the mitral valve, and below the aortic



orifice. Right kidney weighed  $6\frac{1}{2}$  oz., and measured  $4\frac{1}{2}$  by  $2\frac{1}{2}$  in. Capsule readily detached, leaving smooth surface of a darker color than normal. On section, both pyramidal and cortical substance much congested, and interpyramidal portion in great excess. Left kidney similar to right. Liver weighed  $93\frac{1}{2}$  oz., transverse diameter 12 in.; antero-posterior diameter of right lobe 9 in., of left lobe  $7\frac{1}{2}$  in. Surface lighter colored than normal, substance more friable, and apparently fatty. Spleen weighed  $14\frac{1}{2}$  oz., and measured  $7\frac{1}{2}$  by  $3\frac{1}{2}$  in. Surface lighter than normal, section of a dark chocolate color, and softened. Taking out the brain, dura mater was found adherent along the longitudinal sinus, arachnoid congested on convex surface, and puncta vasculosa more numerous than usual.

---

### SERVICE OF WM. CARSON, M. D.

Reported by J. L. NEAVE, Resident Physician.

July 25. John H. B., laborer. Had been employed in excavating a cellar for several days previous to to-day, when was employed in driving a furniture car; had been complaining more or less of headache all day; was found lying in the street, and brought to the hospital at 5.30 P. M. When admitted was perfectly unconscious, lying nearly motionless; breathing was very labored, expiration accompanied by a groaning sound. While the clothing was being removed, he vomited a large amount of partially digested food, containing a considerable quantity of unmaasticated meat, etc., and smelling strongly of whisky; pulse 180, and very feeble, pupils very much contracted, skin hot and dry.

5.45 P. M. Was placed in bath containing large quantities of ice; temperature of bath  $76^{\circ}$ . Thermometer in axilla, before placed in bath,  $107^{\circ}$ ; temperature of forehead  $104\frac{1}{2}^{\circ}$ ; respiration very irregular, and mucous rattling in throat. Was kept in the bath for ten minutes, the temperature of water falling to  $74^{\circ}$ .

He was withdrawn from bath because its temperature could not conveniently be reduced to a desirable point. He was still insensible on removal. He was then placed on a stretcher by the window, and cloths dipped in ice-water applied frequently to the surface, and ice was rubbed over the head. When taken out of bath temperature  $104^{\circ}$ .

Twenty minutes after taken out, temperature  $102\ 3\text{-}10^{\circ}$ .

Twenty-three minutes after taken out, temperature  $101^{\circ}$ .

Thirty-three minutes after taken out, temperature  $101\ 4\text{-}10^{\circ}$ .

Thirty-eight minutes after taken out, temperature  $101\frac{1}{2}^{\circ}$ .

Passed fæces while in the bath; soon after being taken out he had a violent evacuation from bowels, vomiting at the same time. Examined the heart with a stethoscope, and found the heart sounds to be almost inaudible.

7 P. M. One hour after being taken from bath, thermometer  $101\frac{1}{4}^{\circ}$ ; pulse 100; respiration 27.

7.25 P. M. Was some convulsive action, with tendency to opisthotonos; used chloroform until the patient was brought fully under its influence.

8 P. M. Pulse very feeble, counted with difficulty at the wrist. Ordered R. spts. vin. gallici  $\mathfrak{z}$ i., spts. camph.  $\mathfrak{z}$ ii., to be injected per rectum every hour.

Patient very restless, hands constantly twitching; some convulsive action of muscles of face. Thermometer  $102^{\circ}$ . Rubbed the body over with ice, and applied ice to head; half an hour later the temperature was  $99\frac{1}{2}^{\circ}$ , pulse 108.

9 P. M. Pupils dilated slightly, but would not respond to light. Temperature  $100^{\circ}$ ; head hot, legs cold.

9.30 P. M. Up to this time patient had been kept on the stretcher, where he was placed after being taken from the bath. Was now placed in bed and covered with blankets; had been shivering and was constantly in motion up to this time, but became quiet almost immediately after being covered; remained so for about five minutes, when was seized with a tetanic convulsion, much more severe than the first, with opisthotonos; used the chloroform again; has been kept partially under its influence for the past hour; feet and legs still markedly cold, while the head was hot and face flushed. Applied mustard to the feet, and enveloped the legs, from the knees down, with hot turpentine stupes.

11 P. M. Thermometer  $102^{\circ}$ ; pulse 116, feeble; respiration 33; breathing much easier than he has had since his entrance into the ward.

11.30 P. M. Thermometer  $102^{\circ}$ ; used ice again over head and body. Half an hour later, thermometer  $99\frac{1}{4}^{\circ}$ ; pulse 117; respiration 36. Is resting more quietly than he has since coming in. Sensation returning; manifested uneasiness when injection was used; feet and legs warm, and respond to irritation; pupils normal,

and respond slightly to light; upon holding a piece of ice to his mouth, he bit off a piece, chewed, and swallowed it; also swallowed some water.

12.30 A. M. Thermometer  $101\frac{1}{4}^{\circ}$ ; pulse 96, becoming stronger; respirations 33; breathes quietly and naturally; appears to be sleeping.

July 26, 7 A. M. Thermometer  $102^{\circ}$ ; pulse 108. To have liq. ammon. acet.  $\mathfrak{z}$ ss. every hour, also to have beef essence.

9 A. M. Thermometer  $102^{\circ}$ ; conjunctiva much injected; head hot, face flushed; ordered to be sponged hourly with ice-water; also to have fl. ext. ergot  $\mathfrak{z}$ i. every four hours.

2 P. M. Thermometer  $104^{\circ}$ ; pulse 135, very feeble; pupils much contracted; skin hot and dry; patient very restless. Applied ice to head, and rubbed the body over with ice.

2.30 P. M. Thermometer  $100\frac{1}{2}^{\circ}$ ; pulse 105. Patient became very much more quiet after the use of the ice; passed urine and feces in bed to-day; has been delirious during part of the day, attempting at one time to get out of the window.

4.30 P. M. Temperature  $102\frac{1}{2}^{\circ}$ ; pulse 117. Remained quiet for more than an hour after using the ice, but has been growing restless since. At ten o'clock in the night he became very restless, throwing himself about in the bed. Ordered pot. brom. grs. xl.

July 27, 8 A. M. Thermometer  $100^{\circ}$ ; pulse 87, somewhat stronger and fuller than yesterday; pupils still contracted; conjunctiva congested. Slept about four hours last night, and lies quietly this morning.

9.15 A. M. Pupils more dilated, and respond readily to light; conjunctiva much less congested. On being questioned, he said he had no headache.

July 28. Appears to be perfectly rational to-day, answering questions readily; skin moist, tongue slightly coated, appetite good; pulse regular and full.

July 31. Doing well; pupils still contracted, but respond readily to light; appetite not very good; tongue heavily coated; rests well at night, and is quiet and perfectly rational this morning; bowels regular; pulse 78; respiration 24; temperature  $100\frac{1}{2}^{\circ}$ , morning and evening for past two days.

The patient continued improving, and at this date, August 2, may be considered well.



## ST. GEORGE'S HOSPITAL—CASE OF ATROPHY OF THE LIVER.

Under the care of Dr. WADHAM.

A. G——, a Swede, twenty-eight years of age, was admitted October 14, with the following history: He had always been healthy until the previous summer, during the whole of which he had suffered from pain in the epigastrium, with occasional vomiting after food. Three weeks ago his urine became very dark-colored, and the whole of his body gradually jaundiced. Since that time the pain in his epigastrium had increased in severity, and vomiting had occurred after every meal; he had slept much and heavily, and had suffered from great and constant depression of spirits.

On admission he was very jaundiced. He had tenderness, when examined, over the hepatic region, and the liver on percussion appeared to be smaller than usual. He had pain there, occurring in paroxysms; his pulse was 60 and full; the mucous coat of his tongue peeling off; his urine was loaded with the coloring-matter of the bile, and his motions were solid and clay-colored.

In this condition, without any vomiting, but with very constipated bowels and great disinclination for food, he remained until the 20th. He then appeared weaker, very confused in his mind, with a heavy look about the eyes, and vomited three times during the day. From this time until the 29th he was very restless, and frequently vomited a dark-yellow fluid, which stained everything upon which it fell a bright-yellow color. His bowels remained confined; but the motions when passed, and the urine, retained the same characters as on admission. On the 29th he was much lowered, seemed scarcely to understand what was said to him, was with difficulty kept in bed, and constantly vomited yellow fluid. From this time he lay in bed apparently quite insensible, and making a continued moaning noise. He vomited occasionally, and had frequent convulsive twitchings of the left side, which, when not convulsed, appeared as if paralyzed. In this condition he remained until his death, which took place at 6 A. M. on the 2d of November.

The post-mortem appearances, as described by Dr. Whipham, the curator, were as follows: The dura mater was bile-stained, and there was excessively bile-stained fluid in the ventricles. The

septum was softened, but the brain was otherwise healthy. The lungs were natural, with the exception of some vascularity of the bronchial mucous membrane, and a little bloody mucus in the bronchi. The endocardium was bile-stained, but the structure and valves of the heart were natural. The spleen weighed nine ounces, and the Malpighian bodies were large and prominent. The kidneys were flabby, partly decomposed, but their surfaces smooth. The gall-bladder contained a little thin, greenish mucus, and the ductus choledochus was open. The liver weighed thirty-two ounces, was flabby, but not especially soft or friable. On both upper and lower surfaces circumscribed patches, of yellow color and variable size, were observed, which were more numerous and more extensive on the right lobe. On making a section through the liver substance, these appearances were still more marked. Their color in the central parts of the organ was bright ochrey, which contrasted strongly with the unaffected portions of the hepatic tissue; moreover, the somewhat red and congested state of the unaffected parts rendered this contrast still more conspicuous. The internal parts of the left lobe were far less diseased than any other portion of the organ. The vessels and ducts were in all respects normal.

Microscopic examination was made of portions of both right and left lobes, after previous hardening in chromic acid, with the following results. The disease was considerably more advanced in the right lobe than in the left. The cells of the affected portions were in various stages of atrophy—*i. e.*, at the outer margin of the yellow patches the liver cells, though retaining their normal size and shape, were filled with fat globules, and, after twelve hours' immersion in a solution of carmine, were but slightly tinted. It should here be remarked that the cells and stroma, at a little distance from the margins of the atrophial patches, were to all appearance natural. Nearer to the centers of the yellow area great changes were observed; the hepatic cells had become shriveled to about half their normal size, their outline was extremely irregular, and the carmine tint was very faint. They contained an abundance of oily matter. The central parts of the affected portions showed still further changes. The fatty cells had in great measure disappeared, and aggregations of brightly-glistening nuclei were found imbedded in a fibrous interlacing stroma, which, though delicate in some places, was for the most part dense and well marked. In this matter liver-cells could be occasionally

seen, either contracted and altered in shape, or of a size nearly natural, but in an advanced stage of fatty degeneration. These nuclei were found to be numerous, or otherwise in exact proportion as the hepatic cells had become atrophied and disappeared. It was further observed that here and there the nuclei were elongated, and exhibited a tendency to assume a linear arrangement; but this condition, though occasionally met with, was rare, and by no means a characteristic feature in the case; they were, for the most part, scattered without any definite arrangement in the fibrous matrix. Again, in other places, the hepatic cells had entirely disappeared; the nuclei were found few and far between, imbedded in an amorphous granular debris. The walls of the blood-vessels did not appear to have suffered in the atrophic process; if anything, the reverse obtained, and the fibrous parietes of the smaller arteries were thickened. The bile-ducts were, to all appearance, in a normal state. In no part of the section examined were crystals of leucine or tyrosine visible.

This case was diagnosed during life to be one of yellow atrophy of the liver, quite as much by a process of elimination as on account of any very marked peculiarities in the symptoms. With the exception of jaundice there were present none of the symptoms of gall-stones, and neither the man's age nor appearance, nor even the most careful examination, made it probable that there was any malignant disease or tumor pressing upon the gall-duct. It was therefore concluded that the jaundice was not caused by retention and reabsorption of bile, but was due to the suppression of that secretion. The man's previous history, the length of time during which the jaundice continued, the rapid and increasing prostration which accompanied it, and its resistance to remedies, clearly proved that, if owing to suppressed secretion, this suppression could not have been the result of mere innervation, or even of disordered hepatic secretion. There was no evidence of tubercle in any part of the body, and the apparent diminution in the size of the liver and the pain caused by examination pointed far more to atrophy than to either fatty or amyloid degeneration of this organ; and upon these grounds the diagnosis was formed. During the progress of the case several attempts were made, by means of the sugar and sulphuric acid test, to ascertain whether biliary acids were present in the urine. In this case, however, as in many others, the test which proves perfectly successful when used upon decolorized bile failed in the presence of the biliary coloring matter to afford any reliable evidence.—*London Lancet.*



## Correspondence.

### *Letter from Boston.*

BOSTON, MASS., June 8, 1872.

*Messrs. Editors:* The anniversary meeting of the Massachusetts Medical Society was held in this city, on Tuesday and Wednesday of the present week. The programme of the society, on Tuesday, consisted in the exhibition of patients and the performance of surgical operations at the hospital, and a visitation to the various medical and historical museums of the city, and the reading and discussion of papers upon the following subjects: "Diseases of Cæcum and Appendix," by Dr. A. L. Haskins; "Adipocere," by Dr. B. H. Tripp; "The Food of Infants," by Charles P. Putnam; and the "Value of the Ophthalmoscope in Diagnosis to the General Practitioner," by Dr. B. J. Jeffries. The transactions of the society on Wednesday, the active day of the session, were more varied and interesting.

A series of resolutions, agreed upon by the councillors, Tuesday evening, was adopted, indorsing the Harvard Medical School, and congratulating the faculty and corporation upon the improved course of instruction recently adopted by this ancient institution.

Twenty-two members of the society have died during the year, and fifty-eight have become fellows.

The treasurer's report shows that the receipts have been for the past year \$9,916.45; the expenditures, \$8,633.53, leaving a balance of \$1,282.90. The total fund of the society amounts to \$30,420.17.

Medical papers were read on "Cardiac Diseases, with personal observations on strains of the heart," by Dr. J. B. Treadwell; "Health Resorts, particularly in the Southern States," by Dr. W. W. Marland; and "Notes in the Lying-in Wards of Vienna," by Dr. J. P. Reynolds, who has just returned from Europe. These papers, as well as those of the previous day, were well received by the fellows of the society.

At one o'clock, Dr. Thomas N. Stone, of Wellfleet, delivered the annual address. No abstract will do justice to the production of the orator of the day. Its delivery was frequently interrupted

by demonstrations of approval. His message was, "*Watch and Wait.*"

Dr. George C. Shattuck, of Boston, was elected president for the ensuing year. He announced that a prize of one hundred dollars was offered by Dr. Miller, of Sheffield, for the best essay on chemical tests in cases of accidental poisoning.

Between six and seven hundred members sat down to the annual dinner. Dr. R. M. Hodges, the anniversary chairman, in a brief speech, welcomed the Fellows to the festivities of the occasion, giving as the first toast: "*The Massachusetts Medical Society*—The recognized embodiment of those liberal principles, that wise discernment, and prudent counsel, which it is our vocation to cultivate and encourage." This was responded to by the new president.

It will be recollected that some months since, some twelve or fifteen members of the society, who are homeopaths, were summoned before a board of trial, for the purpose of testing the question whether the society had the power and right to expel or otherwise discipline its members. During the proceedings an injunction was served upon the president and others to stay further action. The case thus carried to the Supreme Court will be argued next December, and there can be no fear of the result. Dr. Samuel A. Fisk, of Northampton, the retiring president, has taken a deep interest in this matter of vindicating the dignity of the society, and in sustaining its regulations during this controversy.

The chairman introduced Dr. Fisk by the following sentiment: "The welcome which has just been so heartily awarded to the president elect, finds a counterpart in the feelings of regret with which we release the retiring president from the responsibilities of office. Parting from us with the grateful remembrance of his dignified and judicious administration, he will carry with him the cordial good wishes of every Fellow of the Massachusetts Medical Society."

Dr. Fisk responded as follows, which I give in full:

"I thank you, Mr. Chairman, for the kind manner in which you have alluded to my official relations with the Massachusetts Medical Society.

"Within the last two years, during which time I have had the honor to occupy its chair, questions involving the integrity, the honor, and possibly the future usefulness of the society have arisen.

"After a long and careful examination of these questions, I am compelled to say that I think they have been met in the most judicious and dignified manner, and in the only way in which the well-being and harmony of the society can be preserved.

"The action which has brought this society so prominently before the public, has not only been made necessary, if it would stand honorably before the medical world, but necessary for unity and good fellowship among its members. That action, Mr. Chairman, looking to the expulsion of Fellows violating its code of ethics, was neither an attempt to prevent any physician from practicing any system of medicine he pleased, nor an attempt at martyrdom, nor a persecution for opinions entertained, as certain persons against whom the society proceeded have attempted to make the public believe.

"They allege that they have been 'persecuted' because they have forsaken an old system for a new one. Let us, for a moment, look at this statement and see how the case stands.

"Modern medical science, as taught by this society, is not and can not be an old system. It is not only progressive, but it is a rapidly advancing science. Its researches, pushed with an ardor that laughs disease and pestilence, and almost death itself to scorn, make it necessary that the life of the scientific physician should be that of an industrious and laborious student, if he would keep pace with its rapid advancement. Modern medical science—the great principles of which are adopted and inculcated by the Massachusetts Medical Society—with an abnegation of sectarian pride, lays all sciences, all arts, all knowledge under contribution, and culls from every source anything and everything which it finds useful in mitigating disease, or as an assistant to nature in righting herself if thrown wrong; it plucks, even from the filthy channels of quackery, any pure gem should it appear in its mass of rubbish, and places all, gratuitously, upon the altar of humanity.

"This society, sir, claims that the result of ages of the industrious working of the intellect of the medical seekers after truth, is not in vain; and while 'it recognizes no SPECIAL THEORY, but, on the contrary, proclaims entire freedom from the bonds of all narrowing hypothesis,' it declares that the best talent of all time and of all countries has not been employed in heaping together an empty pile of nothingness, to be puffed away by the breath of ignorant enthusiasm, insane imagination, or charlatan pretension. It says: 'It is not possible that the two hundred thousand



physicians who now have the health of the civilized world in their charge, many of whom are the glory of the country, and the ornament of the age in which they live, should be so mistaken as to yield their undoubted confidence to a mass of error. *It deals in no mysteries*; its magazines of knowledge are open to all who choose to examine; it does not profess to have secret depths which ordinary intellects can not fathom.'

"Such is modern medical science; and such the broad and liberal foundations of the Massachusetts Medical Society, which says to all and every physician in the commonwealth, properly educated in the science of medicine, we welcome you to our fellowship, to our protection, and to our honors.

"Now, as you are aware, Mr. Chairman, a score or so of the members of this society have seen fit to abjure the broad principles of medical science, and to repudiate the result of medical researches of all time. They have adopted as their system an exclusive dogma, which dogma is based, not upon a knowledge of human anatomy, physiology, pathology, chemistry, hygiene, etc., but which is simply empirical, requiring only a knowledge of the symptoms, not of the causes of disease, and of certain infinitesimal remedies, which, they claim, produce similar symptoms to those of disease. I state this upon the authority of the author and founder of their system.

"This dogma, from its very nature, shuts off all progress and all improvement, for any advancement on their part is at once a departure from and an abandonment of their exclusive dogma; and if they advance from this position they then cease to practice what they profess to, and cease to be what they call themselves. If, as the author and founder of their system declares, 'everything of a really morbid character, and which ought to be cured, consists solely in the sum total of the symptoms, by which the disease demands the medicine requisite for its relief, while, on the other hand, every internal cause, every occult quality, or imaginary material morbid principle, is nothing but an empty dream,' it follows that the 'peasant or the priest' can practice our divine art as well as the most thoroughly educated and scientific physician.

"Now, sir, if the Massachusetts Medical Society is broad in its foundations and broad in its principles, why has it arraigned certain of its members for 'practicing or professing to practice according to this exclusive dogma?'

"They have been arraigned because this society, more than twenty years ago, pronounced the practice of medicine according to exclusive dogmas contrary to the principles upon which it was founded, and formally requested those who practiced according to such systems to withdraw from its membership; and, having forbidden those who 'practice, or who profess to practice, according to an exclusive dogma,' to enter our organization, the anomaly of a few Fellows being permitted to publicly denounce and attempt to bring into disfavor the principles of the Massachusetts Medical Society, and yet remain in it unrebuked, became obnoxious to almost the entire body of Fellows; it also became a national medical scandal, and brought indignity upon the society from the American Medical Association, and criticism in European medical circles and journals.

"They have been arraigned because, while they are members of the Massachusetts Medical Society, they do, by applying opprobrious epithets to the other Fellows who practice rational medicine, and by denouncing the principles of this society and by proclaiming to the world that they have not only a new but the only true method of practice, insult daily the other *twelve hundred Fellows*.

"They have been arraigned because, while they claim to be in good and regular standing among its Fellows, they thus compel this society to appear to indorse what it regards as vagaries and delusions, thus placing it in a false position before the public.

"They have been arraigned, more especially, because practicing, or pretending to practice, according to this exclusive dogma, they have established an exclusive society, composed, to a considerable extent, of irregular practitioners, many of whom have had little or no scientific education, in opposition to the Massachusetts Medical Society; and thus have violated a by-law forbidding any Fellow from making 'any attempt to disorganize or to destroy this society.'

"You remember, Mr. Chairman and gentlemen, that the honored president of Harvard University told us, at this table last year, in most lucid speech, that 'the university has lately taken a great step as regards medical education;' by which its standard, and its requirements for a degree of Doctor of Medicine, are placed far above those of any other medical college in the United States. He asked, at the same time, for the 'approbation and support' of the medical profession in this 'grave change which has

taken place in the medical school of the university,' adding that 'the very existence of this ancient society is a pledge of the support of the profession in every wise attempt to raise the standard of medical education; for,' he added with emphasis, 'this society exists mainly to guard the profession on the one hand, and the community on the other, against ignorance and imposture.'

"That approbation and that support we have deliberately resolved to give to this attempt to furnish better educated and more competent physicians to the community. Thus pledged, should we not be recreant to our obligations and forfeit the respect of the public if we permit Fellows longer to remain among us, unrebuked, who are thus affiliating with irregular practitioners, many of whom have not had any scientific education—in a society established for the purpose of overthrowing the principles of this society, and to advance an empirical system?

"As you are aware, sir, at our last annual meeting, this society again pronounced emphatically that 'practicing, or professing to practice, according to an exclusive dogma,' was contrary to its principles and by-laws; and it gave those members who had adopted any exclusive system time to put themselves in accord with the society, or else to withdraw peaceably from it. Failing to pursue either of these honorable courses, charges against the accused were made *in the usual form*, according to by-laws, which all members, on entering the society, subscribe to and agree to abide by. A board of trial was convened, precisely as in the other cases of alleged violations of by-laws. The accused were notified that they might appear and be heard.

"But, *as if in acknowledgment of guilt*, they attempted to escape conviction by appealing to the Supreme Judicial Court for a writ of injunction against the Massachusetts Medical Society, before their case was fairly brought before it.

"In this instance, as in all others, where proper forms are complied with, an injunction was granted temporarily restraining the society from executing its laws against the accused, until the cause shall be heard by the court. In due course of time, this matter will be reached, and there is but little, if any doubt, that the rightfulness of its acts and the authority of this society to execute its own by-laws will be sustained.

"To thus obstruct a society in executing by-laws, which they pledged themselves to conform to and abide by, the accused have



committed an act looked upon as highly dishonorable; for which act alone a medical society in a neighboring State recently expelled a member in a most peremptory manner. And what more dishonorable act can a Fellow commit, than to voluntarily join a society, give a solemn pledge to abide by its laws, and then appeal to the court to escape the consequences of violating those laws?

"Thus far, in these proceedings, the society has acted with quiet dignity and decorum, and strictly in accordance with its laws—and according to its custom in such trials. With its high sense of honor, it has always refrained from publishing charges against members before conviction, and has always shielded the accused from publicity by giving them private trials. The present instance is the only one in the history of this society where parties accused have published their own misdemeanors, and then endeavored to escape the penalties of acknowledged violation of laws of their own voluntary acceptance by raising the cry of persecution.

"This outcry of persecution, by these recalcitrant members, is by no means a new one. It has been the resort of quackery in all times. Why, sir, in the early part of this century, within the memory of some of our older Fellows, Dr. Perkins, of Norwich, Conn., having, as he claimed, discovered a new and infallible method of curing the ills that flesh is heir to, by passing little metallic points over diseased parts, repudiated and denounced the science of medicine. He claimed, not only a new, but a superior method of treating disease, as the exclusive dogmatists of our day do. The Connecticut Medical Society pronounced his pretensions to be arrant quackery, and expelled him from that society. *He* raised the 'cry of persecution for opinion's sake.' The newspapers took it up and attempted to ridicule the regular physicians, charging them—as they have recently charged the physicians of our society—with 'old-fogyism,' and with 'clinging to an old and worn-out system.'

"Why, sir, one would suppose, in reading the newspapers of that time, and some of our day, that undertook to lecture, last fall, the Massachusetts Medical Society, that the same old Rip Van Winkles occupied the editorial chairs now that did then.

"When this cry of persecution was raised by the advocates of Perkinism, clergymen in considerable numbers, professors in literary institutions—some jurists, besides the less distinguished in

the community, *but more especially the women*, rallied to the support of the new delusion. Loud and bitter were the denunciations against the regular school of medicine.

"Perkins and his system went to Europe, and there he and it were patronized by the wealthy—the great and the noble. Physicians of rational medicine, failing to see anything but quackery in his pretensions, made that declaration. Then, they were there, as the physicians were here, bitterly denounced. Ridicule and caricature were added to other means, by which attempts were made to bring the science of medicine into disrepute. A long, satirical poem, filled with lampoons, and insulting to the scientific medical men of England, went through a number of editions. The advocates of Perkinism insisted upon its being introduced and employed in the general hospitals, as was done in some of those upon the continent.

*"In the city of London large sums of money were raised for the purpose of erecting a hospital for the exclusive use of patients to be treated by this quack system. Surely, Mr. Chairman, history repeats itself in quackery, as it does in other fashions.*

"That, like other delusions, attracted the attention of, and dazzled the impulsive and the credulous for a while, who, mistaking the *ignis fatuus* for a new luminary, declared that a new order of things was to prevail—and looked upon the sun as an 'old foggy,' to be superseded. Soon, however, this will-o'-the-wisp disappeared; and to-day, in all the wide world, the system of Perkinism is discarded, and there is not one so poor as to do it or the memory of its author reverence.

"Men, it has been well said, think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, and one by one.

"In concluding, Mr. Chairman, I would emphatically repeat the sentiment of the most prominent of the founders, and the first president of this society, uttered on his centennial birthday, at a public dinner given in his honor by the medical faculty of Boston, Salem, and vicinity:

*"The Massachusetts Medical Society—May it flourish and prosper; may it continue to improve the art for which it is instituted to the utmost of its wishes, and be the means under Providence of alleviating the pains and evils of life, and of promoting the happiness of society by suppressing quackery, and rendering the business of the profession as perfect as the nature of things admit."*

Dr. Fisk's address was received with prolonged applause.

Following Dr. Fisk's address, speeches were made in response to sentiments, by Gov. Washburn, Prof. Edward Hitchcock, of Amherst College, Colonel Webster, surgeon United States army, and others. When the orator of the day was called upon, he read, after some humorous remarks, a poem entitled "The Cause of Rip Van Winkle's long Nap," which was found by a Yankee who searched underneath his "tattered vest:"

"And there he found—no mighty dose  
Of powder or of pill,  
But vial small, and on its cork  
*Decillionte Pulsatil.*"

Ere this shall reach the eyes of your readers, our *Peace Jubilee* will welcome the whole world "and the rest of mankind" to the hospitalities of the "Hub." If music has power "*to soothe*," what a potent *sedative* the twenty thousand voices and the ten thousand instruments will have upon the *nervous centers* of the congregated humanity in our midst.

B.

---

*The Medical Schools of France.*—M. Jules Simon has intimated his intention of reorganizing the medical curriculum in the various schools of France. He proposes to maintain the faculties of medicine as they now exist, to extend that of Paris, and to create new faculties at Bordeaux, Lyons, Nantes, Lille, and Nancy.

*A New Medical Baronet.*—It is announced in Dublin that Dr. Wm. Stokes, Regius Professor of Physic in Trinity College, Dublin, and physician to the Queen in Ireland, is about to receive a baronetcy. Dr. Stokes is the acknowledged head of the profession in Ireland. His year of presidency of the British Medical Association was marked by great public and professional services. His recent services to the state on the Royal Sanitary Commission have worthily crowned a career of unusual distinction.



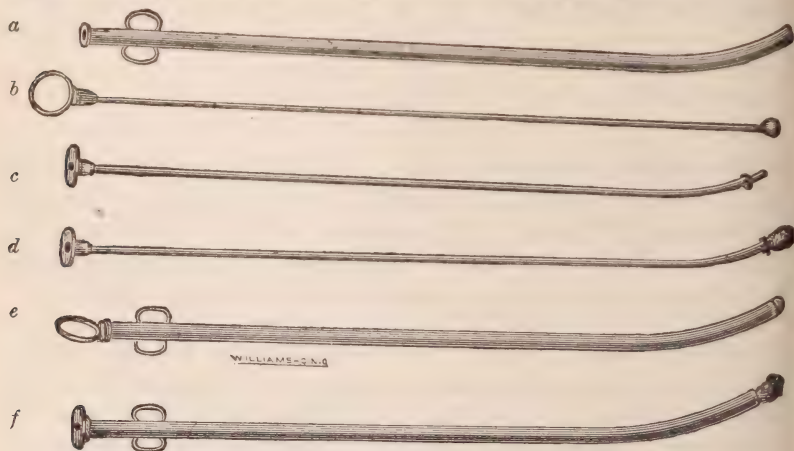
## Medical Societies.

### OHIO STATE MEDICAL SOCIETY.

#### *Intra-Uterine Medication—A New Instrument.*

By THAD. A. REAMY, M. D., Prof. of Obstetrics and Diseases of Children in the Medical College of Ohio.

It is now pretty thoroughly settled in the minds of the most advanced and successful gynecologists that in several forms of uterine disease, but more especially in *chronic corporeal endometritis*, with its accompanying *metrorrhæa*, and sometimes *metrorrhagia*, the application of medicaments to the *endometrium* is not only of very great utility, but is absolutely essential to a speedy cure.



INSTRUMENT FOR INTRA-UTERINE MEDICATION.\*

\*a. Silver canula curved, ten inches long, size same as No. 10 male catheter, may be smaller if desired. b. Metallic probe-pointed stylet, which, when inserted into the canula, closes its distal end, rendering it smooth and easy of introduction; seen in e. c. Small canula made of virgin silver, therefore easily flexible, to follow curve of the larger canula when being inserted into it. d. Small canula, with sponge attached. f. Large canula with the smaller, armed with sponge inserted into it, as arranged when in the uterine cavity and ready for injection. The sponge is drawn within the large canula before withdrawing the instrument from the uterus.

Great diversity of opinion, and corresponding diversity of practice, obtains as to the particular agents, their strength and form best adapted to special cases. Solids, ointments, and fluids have each their advocates. At the present time, however, I think that very decided preference would be given to the fluid form of each of the leading articles employed in intra-uterine medication, provided the well-known dangers attendant upon injections of that viscus could be averted. Of those dangers I shall briefly speak in a moment.

To my mind the fluid form of application is preferable for obvious reasons; but a few of which need here be referred to.

1. In this form the strength of the agent can be more definitely determined.

2. It can in this form be more readily and certainly diffused over the entire diseased surface, thus securing a more prompt and efficient action.

3. The quantity can be better regulated, and any excess which might enter the uterine cavity can be more readily removed.

4. With a proper instrument the introduction is easier and safer.

In a comparatively extensive experience in the treatment of uterine maladies, I have for years felt the want of an apparatus by which these ends, and especially the last named, *facility* and *safety*, could be attained. The plan recommended by Prof. Thomas, in his admirable book on Diseases of Women, viz: passing a small probe armed with cotton wool, saturated with the fluid to be used, into the uterine cavity, has, in my hands, proven wholly unsatisfactory, for the very reasons pointed out in an able article published in the *New York Medical Journal*, for July, 1870, by Prof. E. R. Peaslee, as follows: "Now, inasmuch, as no previous dilatation of the cervical canal is here contemplated, there is no certainty that the medicament will reach the uterine cavity at all, but the probability is that it will not. But if, by mere chance it should do so, it will not, if there be any secretion or blood in the uterine cavity, after all, come in contact with the endometrium."

It is due to Prof. Thomas to say, that I think Dr. Peaslee, inadvertently, no doubt, misquotes him in one particular; that is, in assuming no previous dilatation of the cervical canal. In a preceding paragraph, Dr. Thomas expressly directs that as a preliminary step to the application of alteratives to the walls of the cavity, the cervical canal should, if not already ample, be dilated by sponge tents or otherwise. In my own experience, however, and

in that of many of my professional friends, this dilatation has not practically removed the difficulties. Unless it be carried to a degree that will often excite untoward inflammatory conditions of the os and cervix, more especially if in its accomplishment sponge tents be used, the cervical walls will discharge the cotton-wool of most of its saturating element—these walls, especially in the vicinity of the os internum, themselves receiving most of the medicament. A result to be deplored, particularly when they are in a state of acute inflammation as above indicated, and still the more deplorable when the saturating agent is anything near the strength of a caustic.

Moreover, in many cases, in the virgin for example, great dilatation of the cervix is quite undesirable. For once thoroughly dilated, even the marvelous physiological properties of uterine structure are incompetent to the task of restoring to a normal condition. An apparatus for what the author calls *utérine ingestion*, presented to the profession and described by its distinguished inventor, Prof. Peaslee, in the article already quoted, *New York Medical Journal*, July, 1870, meets many of the objections urged against the probe—being all that could possibly be desired for making applications to the cervical walls, and in my judgment much superior to any method heretofore adopted for medicating the uterine cavity. With this instrument gynæcologists are familiar; I will not stop to describe it. It possesses the advantage that through it either solids, ointments, or fluids can be applied. It requires, however, very thorough dilatation of the cervix, which in Dr. Peaslee's opinion is no objection.

*Uterine Injections.*—This is the oldest and most frequently employed of any other method for intra-uterine medication. Nevertheless, *it is of all modes most dangerous.*

Not now, I grant, with the improved syringes and greatly increased intelligence guiding their employment, by any means so dangerous as formerly; and yet, with all these improvements, I think no conscientious physician, who has had large experience in this line of practice, ever performs the operation without serious apprehension as to the consequences. And this danger seems to exist no matter what the solution employed. The preponderance of testimony obtained from the most recent sources would seem to indicate that injections of the simpler and weak solutions are fraught with greater danger than more powerful ones. Probably for the very plausible reason that the weaker and simpler agents



will the more readily enter the uterine vessels and the Fallopian tubes, should they be, as I have no doubt they often are, abnormally distended. The writer once had demonstrated in the most unmistakable manner, that even with the cervical canal dilated extensively, and a syringe so arranged as to assure with perfect facility the recurrent flow, the solution employed being carbolic acid two (2) grains to the ounce of wafer, the dangers referred to were not avoided—symptoms of the most alarming character immediately supervening, followed within a few hours by fatal peritonitis.

Of course, every one knows that precisely wherein this danger lies is still a question *sub judice*. Most certainly experience has not settled what agents are safe and what most dangerous. I think, however, that experience has shown with tolerable certainty that primary danger consists mainly, not in the chemical action of the agent employed, but in the manner of introduction. In short, after careful analysis of all the literature upon the subject which has come within my reach during the past fifteen years, patiently and carefully testing in the light of an unprejudiced experience, my humble but firm judgment is that:

1. If quantity and force be sufficient to make the application to diseased surface effectual, there is great danger of injecting fluid into the uterine vessels.

2. Under the same circumstances, there is great danger of injecting the uterine vessels with air.

3. Notwithstanding the well-known fact that the Fallopian tubes have a diameter, in normal condition, of but one-fiftieth of an inch at their junction with the uterine cavity, and notwithstanding the well-known experiments of Vidal de Cassis, Hennig, and Klemm, showing the impracticability of injecting these tubes through the uterine cavity, nevertheless, I have no doubt whatever that they are often unnaturally distended, especially during the existence of the uterine diseases under consideration. And that under such circumstances, fluid can reach the peritoneal cavity through them.

In the case already referred to, I am quite positive this accident occurred.

Dr. Kammerer, of New York city, recommends\* that as a prudential measure, but ten or twelve drops of a solution, especially

---

\*See American Journal of Obstetrics, 1869.

of great strength, shall be injected into the uterine cavity at one time and with great care, using but little force. In my judgment, this advice being rigidly followed, will generally insure safety. But, unfortunately, whilst we thus secure safety, we lose efficiency of treatment.

This is obvious upon a little reflection. Except in the virgin uterus not at all distended, or its cavity increased (and such will seldom be found in the disease demanding injections), the quantity here recommended will not approach to filling the cavity (and herein the safety), but if no force be used in injecting it, the fluid can reach but little more of the uterine lining membrane than such portions as may at the time be in immediate contact with the syringe nozzle, together with those portions around the os-internum with which it will come in contact as it escapes from the cavity.

Dr. Peaslee's plan of inserting an injecting tube, through which the fluid is thrown by the syringe, is certainly a great advance in the direction of safety, and in his hands has proved both safe and efficient; and yet I fear that in the hands of those less experienced in these manipulations than himself, it may not always prove perfectly so.

To obviate so far as possible the dangers and difficulties attendant upon uterine injections is the object of the instrument, cuts of which appear on page 492. The manner of using it is as follows: The canula (*a*) with its distal end closed by the metallic probe-pointed stylet (*b*), as is shown in letter (*e*), is passed in the same manner as we would pass the ordinary uterine sound through the cervical canal into the cavity. The stylet is now withdrawn, and in its stead the smaller tube (*c*), armed with the sponge as shown in (*d*), is inserted as in (*f*). Before the tube is inserted, the sponge should be dipped in water and squeezed out, otherwise, if not dampened, of course the medicament will not readily saturate all parts of the sponge. The length of this smaller tube is just sufficient to carry the sponge beyond the distal end of the larger tube. We now have a small fine sponge within the uterine cavity borne upon the end of a small tube, which is, however, strengthened to needed degree by the canula through which it passes, so that the sponge can be carried to any part of the cavity. There is a single jet or perforation in the distal end of the smaller tube which opens into the center of the sponge.

A small hard rubber syringe is now employed, the nozzle of which must fit accurately into the tube at outer extremity (which is shown in the cut as expanded for its reception), with which any solution desired can be thrown into the sponge. The barrel of an ordinary hypodermic syringe may be substituted for the hard rubber. Indeed, it has the advantage of enabling the operator (provided it is glass and graduated) to note the quantity of solution injected more accurately. It is best for the operator to practice injecting the syringe at his leisure, when not inserted, so as to familiarize himself as to the amount required to saturate it, and yet not force any drops of the fluid beyond it or through it when in utero. A few moments' practice will enable any one to measure the degree to which the sponge shall be filled, and the force necessary.

The quantity of medicament used is absolutely within the control of the operator. If the uterine cavity is large, as often found in cases of metrorrhagia, and it is desirable, the sponge can be re-injected without withdrawing it. If it be desirable, as is often the case, to cleanse the uterine cavity before applying the remedial agent, this can be done with great facility by mopping it out with the dampened sponge, or apply a solution of chloride of sodium if preferred. It will be remembered that since the cervical walls are protected by the large canula, which is not removed from commencement to close of the manipulation, the smaller canula and sponge can be inserted and withdrawn *ad infinitum* without the slightest pain or irritation. The cervical canal may or may not be dilated before treatment of the endometrium is commenced, according to its condition and the judgment of the operator.

By this process injection of the uterine vessels, either with the solution used, or with air, is impossible. The same is true of the Fallopian tubes. And although in some cases uterine contractions will be excited by the presence of the sponge, or by the chemical influence of the drug used, yet the violent attacks of uterine colic, so much to be dreaded from ordinary injections, will not be experienced.

Of course, I have nothing to say in this article as to the proper remedies, or their strength, or the frequency of application proper in given cases. At a future time I hope to discuss the general subject. My object now is simply to present to the profession an



instrument, the utility of which I have thoroughly tested, and which I earnestly hope may supply a long felt want.

The instrument is manufactured by Mr. Autenrieth, of this city, who has been skillful and faithful in carrying out my instructions.

---

### CINCINNATI ACADEMY OF MEDICINE.

JAS. GRAHAM, M. D., PRES'T.

L. WOLF, M. D., SEC'Y.

#### UTERINE FIBROID.

Dr. N. P. Dandridge presented a specimen, with remarks of which we can only give an abstract. The specimen was a tumor removed from the abdominal cavity by Dr. Kearney. Weight seventeen pounds nine ounces, circumference twenty-eight inches. The external surface was smooth, being covered by peritoneum. An opening is observed on the lower surface of the tumor, leading into what represents the cavity of the uterus. On the right side, the broad ligament, ovary, and Fallopian tube were attached to the tumor. On the left side, this was true only of a part of the tube and broad ligament. Upon section the mass was found to be occupied internally by a growth of fine and fibrous feel. This mass was of a white color and of a fibroid nature, the fibers taking an irregular wavy course. Surrounding this mass on every side was the proper uterine tissue, which, at the upper part of the tumor, was not more than an eighth of an inch in thickness. The cavity above mentioned stretched out about five inches on each side, showing an exaggerated model of cornua of the uterus. The vertical depth did not exceed one inch.

*Autopsy.*—This was made eighteen hours after death, and six days after the operation. The stomach was adherent to the abdominal wall and was opened inadvertently. The adhesions were recent, and readily broken. The peritoneum showed everywhere the results of a recent inflammatory action, and the intestinal surfaces especially were covered with recent lymph. The pelvic cavity contained some purulent fluid. Four ligatures and a clamp, which had been used for the arrest of hemorrhage, were found *in situ*, and the portion of the uterus external to the clamp wore a gangrenous aspect. The portion of the uterus which was not re-

moved by the operation measured three inches in length; about one-third of the corpus uteri remaining. The ovarian veins were distended and filled with clots.

Dr. Kearney, who had performed the operation, very candidly confessed the error in diagnosis which had been made in this instance. The operation was determined upon for the removal of what was supposed to be an ovarian tumor. Hemorrhage was prevented by the use of four sutures, and the stump was retained in the lips of the abdominal wound by a clamp. The history of this case simulated that of an ovarian tumor, and in these cases every man is liable to be deceived. The tumor was first observed about three years ago, and then in the right ovarian region. The great elasticity of the tumor was mistaken for fluctuation. The cervix and os uteri were fixed in their normal position, and the uterine cavity, when examined by the sound, seemed to be of normal length. In this case, the great size of the tumor precluded the use of those manipulations by which the mobility of the cervix might otherwise have been determined.

Dr. M. B. Wright stated, that in this individual case the growth of the tumor resembled that of an ovarian cyst, and the regular menstruation of the patient seemed to sustain the diagnosis that was made. Again, pressure upon the tumor would produce only a very slight descent of the cervix, while the cavity of the neck and body were of the normal length. He concluded by remarking that in his opinion a positive and infallible diagnosis was an impossibility.

Dr. Dawson remarked, that the rule by which most surgeons are regulated, is that all solid abdominal tumors should be excluded from operations, and that the reason of this rule is that these tumors are generally uterine and of a fibroid nature. It is very rare to find an ovary subject to fibroid degeneration, while they are, on the contrary, subject to malignant disease. In many cases of this nature, the depth of the uterine cavity, on account of the location of the tumor, was liable to mislead the most skillful diagnostician; but he doubted whether the elasticity of fibroid tumors could be mistaken for fluctuation. To the rule, that ovarian tumors first make their appearance on one side, there are some exceptions, and Bright reports a number of these. It is also generally supposed that when the uterine cavity is greatly lengthened the tumor is likely to be connected with the womb. This supposition is not to be relied upon, since the uterus and its

cavity may be greatly enlarged and the tumor be ovarian. In the differential diagnosis between ovarian and fibroid tumors, Spencer Wells places great reliance on the complexion of the patient as a diagnostic symptom. He says that the ovarian patient has a pale and sallow hue, while the fibroid tumor is represented by a very florid condition. Dr. Kearney was precluded from the use of this symptom, since his patient was of African descent. The speaker then referred to the treatment to be pursued in these cases. If, after an error in diagnosis, one of these fibroid tumors be encountered, he considered it advisable to abandon the operation, to close the abdomen, and so to give the patient a better chance to recover, because the removal of the uterus through the abdominal walls must necessarily be considered a very unsurgical practice. The doctor referred to a case upon which he had operated several years ago—the tumor a fluctuating, subperitoneal one, and of a fibrocystic nature. It was attached to the uterus by a pedicle one and a half inches in length. The tumor was always in the median line, and the uterus was of its proper size and in its normal position. The tumor was removed without interfering with the uterus. The patient, however, died. The speaker concluded by remarking that ovarian tumors of very large size could necessarily be felt in the vagina, while uterine tumors may or may not be there distinguished.

Dr. Reamy stated that the operation for ovarian tumors was certainly justifiable, since Spencer Wells has met with great success, seventy per cent. of his patients recovering. This surgeon places great reliance upon the mobility of the uterus as a diagnostic symptom. A positive diagnosis in these cases is always exceedingly desirable, as fibroid tumors always cease growing after attaining a certain size. He then referred to his only fatal case, in which the tumor weighed fifty-two pounds. This patient died upon the thirty-ninth day after the operation.

Dr. Young had examined Dr. Kearney's patient with regard to the mobility of the uterus, and observed only a slight descent of that viscus when a great pressure was made upon the tumor. No lateral motion was noticed. He did not think that an ovarian tumor must necessarily be felt when a vaginal examination is made.

Dr. Carson called attention to the case of Dr. Thomas, of New York, in which the tumor was first observed in the left ovarian region, and hence was supposed to be connected with that ovary.



The operation disclosed the fact that it was connected with the right and not with the left ovary.

Dr. N. P. Dandridge observed, that his faith in the mobility of the uterus as a diagnostic symptom was considerably shaken by an ovarian cyst which he found in the left ovary. The tumor was about the size of a fist and was firmly adherent to the uterus. It completely surrounded the side and fundus of this organ, and the latter would necessarily have been moved by any motion of the tumor.

#### SYPHILIS.

Dr. Reamy read a report of a case of specific brain disease, which had been very successfully treated by large doses of the iodide of potassium.

Dr. Illoy reported a similar case. The patient has been treated for two years for rheumatism, by various physicians. At the first visit, he was unable to walk, and there was a complete paralysis of the muscles of the left arm. The patient had a venereal sore eleven years ago, but had no symptoms of secondary syphilis at that time. He complained of very severe pain at night, and thereupon the diagnosis of tertiary syphilis was based. He was put upon iodide of potassium and iodide of iron, and made a very rapid recovery, the proof of which was his presence at the Academy. The paralysis had entirely disappeared, and locomotion is perfect.

#### CEREBRO-SPINAL MENINGITIS.

Dr. G. B. Orr reported a case of cerebro-spinal meningitis. The patient was a little girl *æt.* eleven years. She complained of severe headache, and was vomiting profusely. Upon first visit there was no tenderness along the spine, and the pupils responded readily to light. The child being constipated, ordered calomel and subnitrate of bismuth. Upon the following day the symptoms were aggravated—marked tenderness along the spine and decided opisthotonos. Prescribed bromide of potassium, and mustard to the feet; also warm applications to spine. No improvement is manifested under this treatment, and the results are unknown.

Dr. Maley also reported a case of this disease, the patient being almost three years old. All the symptoms of the disease were present. Ordered quinia sulph. and a supporting treatment, under which the child rapidly improved.

Dr. Graham stated, that the case of pleuritic effusion, which he reported at the last meeting, and in which he had intended to em-

ploy paracentesis, was not operated upon. Since the last meeting of the Academy four-fifths of the effusion had been absorbed, a result which does not warrant an operation. This absorption was going on while the patient was under the influence of large doses of potas. bitart.

STONE.

Dr. Buckner presented a stone which was removed from the descending colon of a horse, by Dr. Bowler, a veterinary surgeon of the city. The stone weighed eleven pounds three ounces. The horse from which it was removed was twelve years old, and had suffered from frequent attacks of colic, in one of which he died. A renal calculus, removed from a horse, was also presented.

---

*Preservation of Subjects for Dissection.*—In the *Progreso Medico*, April 1, we see it stated that a certain Professor Gaillery has submitted to the approbation of the Royal Academy of Medicine of Belgium a very simple method of preserving *subjects*. He placed a dead body, brought from the hospital of St. Peter, on a table in the amphitheater, and covered it completely with a sheet wet with a solution of phenic acid in the proportion of two per cent.; afterward, every four or five days, he pours over the body a certain quantity of the same solution. The first result was the absence of mephitic emanations; and, in examining the body from time to time, it was found to preserve almost the same appearance as it had at death. The walls of the abdomen gradually sank. The experiment has lasted six months, and the body remains in the same condition. This is a most important discovery.

*Opium-Growing in Australia.*—The *Australian Medical Gazette* says, that opium of superior quality is produced near Melbourne, for which fifty-five shillings per pound has been paid. It is estimated that an acre of ground will produce at least thirty pounds, value four hundred dollars.

## Editorial.

*The Annual Address of Dr. Roosa.*—In March last, Dr. Roosa gave the usual annual address to the alumni of the University of New York. Much that Dr. Roosa discusses is of common interest to the profession everywhere, and, therefore, we make no apology for transferring extracts to our pages from his admirable address. Thus, we call attention to his introductory remarks in regard to the status of American and European education :

“We hear a great deal in our journals and societies of the elevation of the standard of medical education. The phrase has become so hackneyed that it has lost much of its force, and yet all of us will admit that there must be an advance if medicine is to keep step at all with her sister arts and sciences.

“I know of no way in which this advance may be attained except through the medical colleges. To-day, a diploma from one of them is worth all other evidence as to the fitness of its owner to practice medicine, though we are all sorry to admit that even this is not always a guaranty of acquirement. Medical colleges, fond as the profession is of reproaching them, have done more for the scientific education of medical men in our country than all other means combined.

“It is claimed on high authority,\* however, that medical colleges can not fulfill the task of advancing medical science, or of stimulating strictly scientific researches. It is undoubtedly true that only in a post-graduate course in university laboratories and dissecting-rooms, where there are scholarships and libraries, and all that belong to liberal endowments, may we expect original and independent scientific researches. But certainly a medical college is better able to furnish this course than any other kind of an organization. Moreover, a very large share of all the scientific work that is done in medicine is done by the teachers and *attaches* of medical schools. Of ten papers read before our county society during our last year, six were from professors from medical schools, and two of the remainder were from avowed clinical teachers. A reference to the

---

\*A. Jacobi, Inaugural Address, *New York Medical Journal*, January, 1872.



catalogue of books, published by one of our leading publishers, shows that, with three exceptions, these books were written by professors in medical colleges.

"I am not here to claim that our medical colleges have come up to that which may be justly expected of them, but such as they are, without them, our societies, journalism, and literature could not live a day. I think we shall find that medical colleges have as high a standard and do as much for medical science as the profession demands of them. Just as soon as physicians, in such organizations as ours, demand more, and show a willingness to assist in carrying out the plans proposed, the colleges will be glad to take great steps forward. But isolated, outside grumbling, attended by spasmodic and impertinent expressions of contemptuous opinions in regard to our best hopes for the cause of medical education, that is, the schools, will only be wasted on barren air." . . . . .

"There is certainly need for changes in our system of medical instruction. We have outgrown our garments to such an extent that we present almost a ridiculous appearance when viewed in certain directions. Yet what man of us would copy the entire system of medical instruction as it obtains in Germany or England, and incorporate one of those into our plans.

"Faulty as our system is, let us calmly see what it has done for us. The average American medical student, at the end of his course of three years, which is so largely voluntary, compares very favorably with the average German who has been engaged in medical studies for five years, in spite of the fact that the American often knows very little Latin and no Greek, while the German knows a great deal of each. Undoubtedly the German system has fewer defects than ours, but no system will of itself make a scholar or a practitioner, any more than a bad system can prevent a man from being both.

"An impartial visitor to the wards of a German hospital, and to those of New York, Boston, and Philadelphia, will tell you that the Americans exhibit quite as good surgery as their transatlantic brethren; and that which we technically call the practice of medicine will, I am sure, not suffer by the comparison."

By and by Dr. Roosa comes to the *necessities* of medical instruction in this country, and we are sure very few will find fault with the views expressed; especially those hard-working practitioners

who have devoted spare hours to teaching medicine, which should have been given to rest :

“ What we do need most, and first of all, in our medical colleges—a need which only alumni can fill by their influence and efforts—are endowments for professorships. The teachers should be free from any taint of desire of large classes, merely that their salaries may be increased. We need more opportunities for special studies and investigations in chemical and physiological laboratories, in the dissecting-rooms, and the clinical wards. We also need libraries and scholarships, in short, what money will bring—money not to be spent on the outside of the cup and the platter, the college building and the lecture-room, but for the support of men who are willing to labor for science, if science can give them their bread and butter.

“ The money that now goes to found new universities in Montana and Nevada, should stay in our eastern colleges, that now have the buildings, but sadly need the internal essentials for making them of use.

“ The wealthy country, which owes a debt to the medical profession, not by any means paid, is willing to assist in endowing these chairs, and in founding these scholarships, as I have no doubt they would if a proper appeal were made to them, such a one as Chancellor Crosby has so successfully made in behalf of another department. Surely the discovery of the anæsthetic powers of sulphuric ether, an agent whose value can not even be estimated, deserves some more fitting reward than a monument of brass, in the public garden at Boston. Those who are grateful for that which has robbed the surgeon's knife of nearly all its terrors, can do no greater honor to the memory of Morton, who suggested, and urged upon Warren the use of this blessed agent, than by founding chairs, which shall cause other pain-stilling, death-preventing remedies to be discovered and compounded.

“ Our lack of opportunity for scientific work in this land has made us medical men a race of translators and imitators, setters forth of other men's ideas, rather than of original thinkers.

“ But it is not altogether want of means that has prevented us from taking the rank which, as inheritors of the accumulated culture of the Old World, we might have claimed.

“ The visitor to the ancient University of Leyden, founded

when a nation was engaged in a struggle for existence, to which our late war was but mimic strife, who has expected palatial halls and gorgeously-furnished lecture-rooms, must be surprised when he looks upon the humble surroundings of such men as Boerhaave, who did for our science and art what will ever make Dutchmen flush with pride.

"And in Berlin and Vienna, as the student of to-day lingers with the mighty masters of those schools, he will see that the means at their command are not those of external surroundings. The most of their advantages are open to us. They are, in brief, brains, and objects upon which to use them. We should cease our efforts to become merely fluent discourses on other men's opinions; we must, by habits of close observation, begin to have opinions of our own. If men with large opportunities are too busy to use them, some of their redundant practice should go to their needier brethren, while a little work is done for the profession. Men with four or five hospital appointments, and who are candidates for more, should resign some of them, and work for science, instead of hurrying to get from one half-accomplished task to another. In our cities, and even in our hamlets, there is many a busy, and wise, and successful practitioner of medicine, who will go down to his grave with facts full of interest locked in his breast, discoveries delayed revelation, not because their possessor is unwilling, but because he is too busy, to tell them.

"We need in this country, where pecuniary success does so much more than it ought to secure social position, to beware, as scientific men, of the struggle for crowded consulting-rooms, and an unending round of engagements. The admiration and even the gratitude of the crowd are things of to-day, while the rewards of a devotion to science are eternal."

We have our Cincinnati University in embryo. Are there any friends to endow and support a grand medical school? When that great city enterprise is established, we shall see what is the generosity of our wealthy friends, and hope it will be fully in accord with the spirit of the age.

There are many other points of interest in this address, but we have not space now to consider them.

*Journalism.*—We make some quotations from an editorial in a recent issue of one of our exchanges. Inasmuch as the journal



alluded to has just completed its first year of existence with much careful and affectionate wet-nursing, we are confident our readers will agree with us that for refreshing impudence this can scarcely be surpassed. After expressing the usual gratification for pecuniary success, which newspaper men always understand to mean the signal of distress, the discourse runneth as follows: "Our apostolic injunction was and is to preach medicine as a science, to substitute for the fallacious fancies of experience the fixed facts of experimentation"!!! There; isn't that *splendid*, as the sweet, gushing girls say? "Substitute the fixed facts of experimentation for the fallacious fancies of experience." Well, that's exceedingly good; and careful, "observing" medical men will be happy to know the difference between judicious observation and *honest* experimentation. "It is in the consciousness of fidelity to this charge that our satisfaction is sweet, indeed. It is more than sweet, 't is proud." Oh! But just see here what a beneficent year's work is accomplished: "Among the many self-evident good effects which such an influence necessarily exerts, we may only pause to notice here the higher tone which has been reflected (?) on the medical journals in our immediate vicinity. The time is but short when the columns of these periodicals were filled with vituperation upon every individual and enterprise which ran counter to interests as petty as selfish. That time, we are happy to be able to say, is now past, and though much credit for this revolution is of course due to those lessons which the constant failure of impotence alone can teach, yet not a little is due to the force of a pure example"!! A pure example is good; the claim is choice and cool; and the readers of medical journals throughout this valley will happily understand the marvelous change effected in the sources of medical literature that affords so pure a stream at the present. Let all the people say amen.

*College of Physicians and Surgeons of Syracuse University.*—In another part of this journal will be found the card of this new Medical College in Central New York. A number of years ago the Methodists of New York State initiated plans for the establishment of a great university at the city of Syracuse. At length the enterprise is fairly accomplished, and promises all the success its most sanguine friends could have hoped. The literary department is in full operation; large donations of property and money have been donated; the endowment is already heavy and increas-

ing, and on a fine summit of fifty acres overlooking that beautiful city, a magnificent university edifice is rapidly completing. About one year ago, the authorities of the Geneva Medical College donated to the University its large collection of illustrative material—cabinet, library, apparatus, etc.—on condition of the early establishment of a medical department, which, as will be seen by reference to the announcement, is now effected, and the first session will open at the usual time of 1st of October, 1872.

That part of the University set apart for Medical College purposes can not be occupied at present. The faculty have, therefore, fitted up apartments—lecture and museum, and dissecting rooms—in temporary but very satisfactory quarters, and in a good locality in the city. The College thus starts off with most excellent prospects of success. The faculty is composed of a number of well-known teachers of experience, of whom we may name Hyde, Towler, and Eastman, of the old Geneva school, and Quackenbush, formerly associated with Marsh in the Albany school. To each regular chair is affixed an adjunct, who will conduct the recitation, clinical, and other associate duties of the school. The plan is very nearly that of the Boston Medical School, providing for three years, each of nine months' instruction, with a graded course.

Syracuse is a beautiful city of fifty thousand population, rapidly growing, centrally located, already has good clinical advantages, and a medical school under the wing of its university must prove a success gratifying to its friends and the profession. Information and circulars may be had by addressing Dr. John Van Duyn, Syracuse, N. Y.

*The Cincinnati College of Pharmacy.*—We have received the announcement for the second course of lectures in this institution, and elsewhere appears the advertisement. The faculty are well-known pharmacutists of this city, well up, and competent to teach. They are: E. S. Wayne, Materia Medica and Botany; J. F. Judge, Chemistry; W. B. Chapman, Pharmacy. The first course of last winter was more successful than could have been hoped for by the most sanguine, and we trust so important an enterprise so auspiciously inaugurated will go on with increasing success. For circulars or other particulars, address F. L. Eaton, Corresponding Secretary, northeast corner Elm and Seventh streets.

*Translations.*—The readers of this journal have been favored with some very valuable translations. Dr. Minor has furnished a series of papers on *Aphasia*, that, when finished, will afford a complete view of the subject. Dr. M. also commences a series of translations this month on *Otology*, from the Italian. These will be of great value and practical interest. A young lady friend of this journal also presents us with a capital translation of a French paper on *Thoracentesis*.

*The Southern Ohio Lunatic Asylum*, at Dayton, has lost the services of Dr. Gundry, as superintendent, and has gained the excellent qualities found associated with the carnal nature of Dr. S. J. F. Miller, of this city. The compliment to Dr. Miller is worthily bestowed, and we feel confident he will become a good successor to even so good a man as Gundry.

*Prof. E. Williams*, of the Miami Medical College, is now in London, in attendance on the World's Ophthalmological Convention.

*The Academy of Medicine*, of this city, has adjourned for the hot term. Such a press of matter has occupied our pages for some months that we have not afforded space for as much of its proceedings as we would have preferred. This month we commence bringing up some of the gleanings.

*Professional Changes.*—Prof. T. G. Richardson has been transferred from the chair of Anatomy, in the University of Louisiana, to that of Surgery, in the same institution, made vacant by the retirement of Prof. Stone; and Prof. Samuel Logan, formerly of the New Orleans School of Medicine, has been appointed Professor of Anatomy.

*Maniacal Attacks in the beginning of Typhoid Fever.*—The editors of the *All. Wien. M. Ziet.*, 28th May, in speaking of the clinical cases of typhoid fever noticed in the wards of Skoda and Oppolzer, mention that the commencing symptoms of typhoid fever are so variable as often to cause the greatest difficulty in the diagnosis of this disease. Sometimes at the commencement there is no febrile reaction noticeable, but merely disturbances in the functions of the brain, so that the fever may greatly simulate an affection of the intellect. Such patients become quite confused in their



capacity of thinking, speak suddenly and absurdly, become melancholy, and lose their memory, or have an attack of mania, with perhaps epileptiform seizures, when up to the moment of the disease coming on nothing remarkable was noticed, and the appetite was present. In such cases we may very easily fall into the error of supposing that a disease of the brain is present. Such cases are by no means very rarely seen; and not a year passes at Vienna hospital that some mistake of the kind is not made. It is only later on, that the fever becomes revealed by heat, diarrhea, and enlargement of the spleen, with meteorism of the abdomen. We must suspend our judgment, then, in a case of mania when the patient has been perfectly healthy up to the time of the attack; and we may cherish the hope that the case may turn out to be one of typhoid fever.

In some cases of typhoid fever, too, the disease may simulate meningitis or encephalitis; but we must remember that in disease of the meninges, or brain, there is not solely disturbance of the activity of the intellect, but as a rule disturbance in the sensation and motion of the face and organs of special sense. In meningitis there are remarked disturbances in the functions of the brain, sometimes with the character of irritation and sometimes with depression or complete palsy; headache here attains in acute cases a high intensity, and the patients complain of this not only when conscious, but puts the hand to the head when unconscious. In meningitis, there exists sensitiveness to scents, photophobia, and grinding of the teeth, and occasionally strabismus.

*The Organization of Cincinnati Hospital is as follows:*

*Board of Trustees*—S. S. Davis (Mayor), *ex officio*; John Carlisle, F. J. Mayer, Wm. B. Davis; B. F. Brannan, *Secretary*; David Judkins; — Zelienski (*ex officio*), City Infirmary.

*Medical Staff: Medicine*—C. G. Comegys, John Davis, W. Carson, W. P. Thornton.

*Surgery*—Thos. Wood, B. F. Miller, D. S. Young, C. S. Muscroft.

*Obstetrics*—M. B. Wright, C. D. Palmer.

*Ophthalmology*—Joseph Aub, C. S. Ayres.

*Pathology*—J. C. McKenzie, N. P. Dandridge.

*Dispensary*—C. O. Wright, John Cilley.

## Reviews and Notices.

*Lectures on the Principles and Practice of Physic*, delivered at King's College, London. By SIR THOMAS WATSON, Bart., M. D., F. R. S., Physician in Ordinary to the Queen, etc., etc. In two volumes. From the fifth revised and enlarged English edition. Philadelphia: Henry C. Lea, 1872.

It is now more than thirty years since Dr. Watson delivered his course of lectures on practice. When first issued, the work appeared in one comparatively small volume. Subsequent editions swelled its size to the portly book familiar to American readers. We now have a fresh issue in two large and handsome volumes. We are safe in saying that no medical book of any day met with the more than gracious reception of Watson. Old doctors, who received their first medical inspiration from its teachings, always speak of it as having the fascination of a romance.

That which now charms us is, that after the third of a century, it still retains its place as a reliable work, and has all its original freshness in the progressive pathology of the day. The present edition is brought out under the careful editorial supervision of Dr. Henry Hartshorne, of Philadelphia. He has very properly seen fit to retain much of Dr. Condie's editorial work on the last edition, and has added some important matter of his own, viz: very full comments upon medical thermometry, the pathology of croup, yellow fever, and cholera.

Thus, while this last edition of Watson's Practice retains all the elegant diction of the first edition of the lectures, able editors have constantly incorporated such notes and comments as bring it regularly up with the times. For sale by Robert Clarke & Co. \$11.

*On Food*. Being the Substance of Four Cantor Lectures delivered before the Society for the Encouragement of Arts, Manufactures, and Commerce, January and February, 1868. By H. LETHEBY, M. B., M. A., Ph. D., etc. Second edition. New York: Wm. Wood & Co., 1872.

We suppose few persons will care to take their food by fixed rules or weights; and yet it would be better for people if they generally possessed better defined notions of the nature, influence,

and composition of food; how it acts in the sustenance of the system; the uses of different sorts or elements of food; then the influence of man's surroundings upon the value of his food; the influence of proper culinary and other management, as regards its use in the human economy. Now, in this little volume of lectures Dr. Letheby has intelligently discussed exactly this sort of information; and its perusal will benefit every one who seeks any correct notion of the physiology of food and points pertaining thereto. For sale by Robert Clarke & Co. \$2.25.

*Treatment and Prevention of Decay of the Teeth.* A Practical and Popular Treatise. By ROBERT ARTHUR, M. D., D. D. S. Thirty-eight illustrations. Philadelphia: J. B. Lippincott & Co., 1871.

The little monogram before us, by Dr. Arthur, consists of ten chapters, treating the structure of the teeth, decay, treatment of decay, prevention of decay, etc. In the introduction, the author says, "It is proposed to show, in the following work, notwithstanding the frequent failure successfully to combat the ravages of decay, as indicated:

"1. That all the teeth of every individual, with rare exceptions, may be preserved.

"2. That decay of the teeth may be *prevented* from occurring at places where it is most destructive, and requires the most difficult, painful, and expensive operations for its arrest.

"3. That all the attention necessary for the certain preservation of the teeth, provided it is given in time, is of simple character and quite within the ability of any dentist of ordinary acquirements.

"4. *That the pain usually attending dental operations may be entirely avoided.*

"5. That as the operations required are of simple character, the cost of the preservation of the teeth will be diminished."

The author of the book is sanguine in his subject and plausible in his views. If he succeeds, in even a moderate approach, to what he proposes, he will have done both his professional colleagues, as well as suffering toothache, a blessed benefit. For sale by R. W. Carroll.



THE CINCINNATI

# LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—SEPTEMBER, 1872—No. 9.

---

## Original Communications.

### *Art. I.—Amputations.*

A Paper read before the Ohio State Medical Society at Portsmouth, June, 1872, by THOS. H. KEARNEY, M. D., Professor of Principles of Surgery, etc., in Miami Medical College.

In bringing before the society a subject so trite and commonplace as that of amputation, some explanation may be reasonably expected.

My object, briefly, is to call attention to certain points of great importance, though I may not be able to add much to the general knowledge; and my excuse lies in the great diversity of views which prevail among surgeons as to the most appropriate methods of operating; for any topic which gives rise to such opposite opinions may be properly regarded as one still open to further discussion.

The essential points in the subject are :

1. The form or plan of operation attended with the least risk to the life of the individual; 2. The form which will give the best resulting stump; and 3, That mode of operation which admits of re-

covery in the shortest time—the speediest healing of the wound. To the consideration of these three points I propose limiting myself in this paper, except some brief allusions to certain special amputations, in addition.

Under the first heading, I shall, of necessity, be very brief, for the estimation of the risk to life in any given case depends on so many different considerations that no general rule can be adopted which can be applied as a guide in practice. It may, however, be repeated, that the farther from the trunk any part is removed, the less the risk to life. Therefore, *cæteris paribus*, the operation which attains this object should be regarded as the most favorable. It may also be stated that the less the extent of the operation wound the less the danger to life incurred. But, as the further consideration of this question is, to a greater or less extent, involved in the discussion of the other points of the subject, we will proceed to consider the second of them, namely: The form of amputation resulting in the most satisfactory stump. Strange to say, on the question of the relative merits of a covering for the end of the stump purely of integument, or of one involving a greater or less amount of muscular tissue, surgeons the world over are divided.

Before attempting a comparison, with the view of determining the relative value of the circular and flap methods, it may be well to consider what are the *desiderata* as regards the ultimate characteristics of the stump. These may be stated to be a complete covering of the face of the stump with healthy integument; a minimum of cicatrix resulting after the healing of the wound; and freedom from adhesion to the end of the bone.

The first of these objects is attained by any of the methods in vogue, as an immediate result; but it is the ultimate condition of the stump which is to be regarded; and, as the maintenance of the covering integument in position is requisite to a satisfactory result, we may consider what method of operating promises best in this particular. In the ordinary double flap operation, the muscular tissue in the flaps is bent from the normal direction of its fibres in bringing the free extremities of the flaps into apposition; hence, any amount of contraction in that tissue tends to separate the edges of the skin, and thereby to prevent speedy and close adhesion. Where inflammation, with attendant swelling of the flaps, ensues, the gaping of the edges will probably be very great. When, however, the ends of the cut muscles in the face of the stump are covered with integument only, as in the circular method of amputa-

ting, this source of difficulty is avoided. There the retracting muscle is accompanied by the integument applied over its cut extremity, with very little tendency to the disturbance of the most delicate adhesions. Consequently, the tendency to gaping of the edges of the skin, in this form, is limited to what may be due to the natural contractility of that tissue, unless great inflammatory swelling of the limb occurs. Here, we think, we recognize the superiority of the circular over the flap method.

In the second place, as regards the extent of cicatrix remaining after the healing of the operation wound. This result, perhaps, is more distinctly determined by the form of operation selected than any other; for, while the double flap operation, for instance, gives a resulting cicatrix equal to the full diameter of the limb at the point of amputation, minus the shrinkage or contraction it undergoes, only, the cicatrix, from a circular operation, is diminished by this contraction in part, but still more by the folding over and adhesion of the corners of skin at the extremities of the line of union, precisely as the corners of a grocer's paper bag are folded down. Another great advantage which may be recognized in this infolding of the redundant integument, is the increased thickness given to the face of the stump by these resulting bosses, which, in fact, consist of three thicknesses of the skin at these points, and which leave the much diminished cicatrix depressed considerably below the general level.

The method by skin flaps, with a circular division of the soft parts, may here be contrasted with the ordinary circular operation. This plan, much practiced and advocated by the late Professor Syme, amounts to the circular operation with the redundant corners of skin removed. It requires a division of the skin as low as does the circular, and has no single advantage over it that I can conceive of; but, on the other hand, is far inferior, in the fact that it results in a line of cicatrix equal to the full diameter of the part, as in the case of the ordinary double muscular flaps, and is wanting in the other advantages ascribed to the circular method.

The third desideratum mentioned is freedom from adhesion to the end of the bone. Whether this desirable result may be better obtained by one method than the other may, perhaps, be a question of doubt; but, in parts with two bones, the circular operation offers the advantage of allowing the line of union of the margins to be placed in any direction, thus enabling the operator to throw



it in the interspace between the bones, and not across their ends.

In certain situations, as low in the leg, this interspace, besides being very narrow, does not correspond with the center of the limb. To carry out the idea mentioned, in operating here, it would be necessary to incise the skin obliquely, leaving it longer on the side most distant from this space. But it is not pretended that this result can be obtained unless the healing process takes place kindly, and in great part by first intention, perhaps; for, inflammation and protracted suppuration is most apt to lead to retraction—it may be to the extent of a protrusion of the bone. In the third place, it remains to consider what plan of amputation results in the speediest healing of the wound. This it is difficult to decide positively; but, as according to Ballingall and others, the operation by the circular method at any particular point gives rise to a much less extent of wound than that by the formation of flaps at the same point; and, as the immediate union, at least in part, is less apt to be interfered with by muscular contraction or secondary hemorrhage in the circular amputation, that method would seem to be the one promising the speediest cure.

While claiming so many advantages for the circular method, it is not intended to deny certain others which belong to the flap operation. Among them may be specified celerity in execution, and a more shapely stump, with a thicker covering of soft parts over the end of the bone. These advantages, however, are more seeming than real; for, now that amputations are almost invariably performed with the aid of some anæsthetic, the diminution of time occupied in the operation by a few seconds, or even minutes, is of little importance. Rapidity of execution is only desired, then, as a mere matter of display, and, therefore, is unworthy of consideration. The more shapely appearance of the stump given by the double flap operation does not afford any strong argument in favor of that method, as the ultimate, and not the immediate, character of the stump is what decides the relative value of operative proceedings in this particular. Neither can it be claimed that the much and often extolled "cushion" of muscular tissue which covers the end of the bone in ordinary flap operations is a real advantage, for this cushion is not permanent, but shrinks and wastes in the course of time, as the muscular tissue degenerates, so that the covering of the end of the stump comes, at least, to consist of little, if anything, more than integument.

But there are other serious objections to the flap. A prominent one is the oblique section of the vessels, which leaves them in a state unfavorable to closure by the retraction of their coats; and hence, the necessity for a greater number of ligatures than when they are cut square. For the same reason, secondary hemorrhage is much more apt to occur after a flap than after a circular operation.

The arguments in favor of the circular mode of amputating may be briefly repeated as follows; A less extent of wound surface; better prospects for immediate union, the wound being less under the influence of muscular contraction; diminished risk of secondary hæmorrhage, and irritation from ligatures, through the square division of the vessels. To these may be added, that an amputation at any given point of bone may be accomplished by the circular method with the aid of less of the soft tissues below that point than is necessitated in the formation of flaps. Or, in other words, the level at which the integument is to be divided being determined, the bone may be divided at a lower point in operating by this plan than when the flap method is used.

While advocating, as a rule, the superiority of the circular over the flap method, I am not denying the greater advantages of the latter in certain cases. Thus, where rapidity of execution is essential, as at the hip, the flap method should be preferred. And in cases where, from the condition of the soft parts, the section of the bone might be made at a lower point than practicable by the circular method, the former should be adopted.

Again, in a large limb, as high in the thigh, when the dissection of the integument would require to be carried to such an extent that the vitality of that integument would be compromised by such an extensive separation from the underlying tissues, the retention of some of the muscular tissue might be regarded as a less evil than the risk of sloughing. Here a flap amputation might be preferable to one by the other method. In the lower part of the thigh, however, and at all points where the muscles would have to be divided at a considerable distance from their superior attachments, I consider the flap amputation peculiarly inappropriate; for, in such situations, the injurious influence of muscular retraction will be felt in the greatest degree. In this I am advancing an opinion in direct variance with that of Dr. Ashurst,

the most recent American writer on surgery, who gives a special preference to amputation by flaps, both above and below the knee; but, in the absence of his reasons for the instructions he gives on this point, I am unable to offer any further argument.

Before dismissing this part of my subject, I desire to refer briefly to the method of amputating introduced by the late Mr. Teale of Leeds. This method is by a long and short rectangular flap, as is well known, and is advocated mostly on the ground of the very perfect manner in which the end of the bone is covered and its protusion rendered impossible. Other surgeons besides Mr. Teale have practiced and extolled this operation; yet, I venture the opinion that a more general trial of it will lead to a reversal of the favorable views which have been formed of it. For the extravagant extent of wound surface it entails must condemn it as irrational.

The foregoing observations are intended to apply especially to amputations in the continuity of the bones. I propose to devote my remaining remarks to amputations in the contiguity, or disarticulations, chiefly.

The first in order of importance is that at the hip-joint. This operation has been modified in various ways, so that some twelve or fifteen different methods are described. But two or three, perhaps, afford all desirable variety. That one which seems to have been most frequently practiced, is that with an anterior and posterior flap of about equal length, generally described as Beclard's method. A single anterior flap, also, has proved satisfactory; and under certain circumstances may be preferred to the last mentioned. Guthrie favored a modification of the circular method. A further modification of the circular is that now known as La-cauchie's method, and which consists of a high circular operation extended upward over the great trochanter. This is the same plan, however, adopted in the first hip-joint amputation performed in this country—that of Dr. Brashear, in 1806. It is difficult to understand why it should be supposed to possess any advantage over other operations, for it makes a wound of great extent; as, in addition to a circular amputation in the upper part of the thigh, there is superadded that additional wound required to expose the joint, and allow of the dissection of the femur from the surrounding tissues. By experiment on the cadaver, I satisfied myself of the greater extent of wound in this method of operation, than in



that by double flaps; and I afterward found an account by Mr. Annandale in the *Edinburgh Medical Journal* for April, 1870, of a similar but more perfect demonstration of this fact by himself. For he had casts of the cut surfaces taken and measured by experts, proving that fairly proportioned double flaps give a smaller wound surface than results by the method last spoken of.

In so fearfully grave an operation as this, of course the chief consideration is that relating to the risk to life. Therefore, the operation which seems to diminish that risk most, is the one to be adopted; and without any reference to the character of the stump or cicatrix which is to remain. It having fallen to my lot to perform this operation once, I take this opportunity of offering the advice, based on the experience of that case, to be provided with an aortic tourniquet by all means, for digital compression of the artery at the groin can not be depended on.

Disarticulation at the knee-joint is one of the adoptions or revivals of modern surgery. Though looked on with distrust for a long time, it may now be regarded as fully established in the favorable estimation of surgeons. Its present popularity is in great measure due to the advocacy of it by Velpeau, Syme, Carden, Pollock, and Stokes, in Europe, and Markoe and Brinton, in this country. The operation has been variously modified by most of the surgeons named; chiefly, by the removal of more or less of the condyles and patella. The covering is, chiefly, by a long skin flap taken from the anterior aspect of the limb; but some amount of posterior flap is absolutely necessary to avoid injurious traction. Considering the extent of skin flap required to cover the broad articular surfaces of the femur at the knee, when these are not removed, great care is required to prevent its being damaged by excessive traction, or the incautious use of the knife in its dissection. And to allow as liberal a blood supply as possible, the flap should be cut as wide as can be allowed. Therefore, the incision should commence and terminate considerably posterior to the center of the limb on either side, and need not extend as high as the line of the joint by half or three-quarters of an inch, as the integument may be easily retracted to that extent after the flaps are cut. The removal of the patella, in any variety of amputation through the joint, inflicts, unavoidably, an amount of injury to the flap that is very apt to result in sloughing. Hence, that bone is now, generally, left either whole or after the removal of its posterior or articular surface.

At the ankle, the operation devised by Syme is that which is most frequently performed. The chief difficulty attending its execution is that of the dissection of the heel flap from the os calcis. This difficulty may be increased or diminished according as the incision from malleolus to malleolus, beneath the heel, is made too far forward or inclined more backward. Much will also depend on the natural configuration of the heel, which varies a good deal in individuals.

A deviation from the usual method of performing this operation, which I was induced to adopt within the past year, was the retention of the malleoli. It was in the case of a child, fifteen months old, whose foot was crushed by the passage of a railway wheel over it. Considering the greater plasticity, or adaptability to change of form, of the bones at this tender age; and, also, the importance of the preservation of the epiphyseal points with reference to future growth, I abstained from any interference with their malleolar extremities. The resulting stump is all that could be desired. Velpeau, indeed, spoke favorably of this course even in the cases of adults.

Though without any personal experience in the modification of this operation devised by the Russian surgeon Pirogoff, I do not hesitate to condemn it, for two chief reasons. In the first place, it involves the necessity for the union of two surfaces of bone; the failure of which results, inevitably, in tedious suppuration and the ultimate detachment of that portion of the calcaneus retained in this operation. And, in the second place, if successful, it affords a smaller bearing surface than that resulting after Syme's method, and one less adapted to withstand pressure; as, instead of the thick integument of the under surface of the heel, it is that covering its point which is brought down to be borne on. The greater length of limb remaining after Pirogoff's operation can not be regarded as much of an advantage, but, perhaps, the contrary; as it hardly allows sufficient space for the efficient padding of whatever form of substitute is to be afterward worn. It must be admitted that there are objections to the operation of Syme, chief of which is the liability to sloughing of the flap. But, probably, the distinguished author of this method was right in maintaining that such a result was less the fault of the plan itself than of its execution. Forcible traction, bruising, and particularly scoring of the surface of the flap, will be sure to jeopardize its vitality. As already intimated, these difficulties may be considerably lessened by sloping

the under incision backward; and should this diminish the size of the heel flap too much, it can be easily compensated for by increasing, somewhat, the upper or anterior flap. Generally, however, the flap afforded by this method is superabundant; and the risk of any scantiness of material for covering the ends of the bones is very small.

It is fairly questionable whether there are any advantages sufficient to determine the removal of the foot at any point between the ankle-joint and the tarso-metatarsal line. Chopart's, and the the sub-astragaloid amputation of Nelaton, have been frequently performed; but a prime objection to them is the unopposed action of the gastrocnemius muscle, which tends to keep the front of the stump constantly tilted downward, thereby exposing the cicatrix to irritation in walking. At the tarso-metatarsal line, however, this objection is not valid; for the sural muscles are antagonized, at least to some considerable degree, by those on the anterior aspect of the leg. At this line the operation with which the names of Hey and Lisfranc have become associated, is performed. The points to be particularly observed in its performance are: the avoidance of the extension of the dorsal incision too low on the sides of the foot, which may result in an imperfect covering of the bones at the angles of the wound; and the allowance of greater length to the plantar flap on the inner than on the outer side, in view of the greater depth of the inner cuneiform than of the cuboid bone.

But a very serious objection is urged against this operation by Dr. Cheever, of Boston. It is, that the synovial sac between the heads of the second and third metatarsal and the two cuneiform bones which support them, is continuous backward with the articulation between the cuneiforms and the scaphoid. Hence, in this operation quite a considerable extent of synovial surface is exposed to inflammation, which is apt to lead to strumous caries in subjects at all predisposed to that form of disease, and in all to the risk of a troublesome complication in some degree.

The removal of fingers and toes at the metacarpo and metatarso-phalangeal joints should always be done by the oval method, which is the method involving the least amount of cutting and the least extent of resulting scar. There is never any sufficient reason for adopting the plan by flaps, unless in cases of injury where the integument is irregularly destroyed. In amputation of the fingers through the phalanges or the phalangeal joints, whenever circumstances admit it, the operation should be by a single flap cut



from the palmar surface, thereby throwing the cicatrix on the dorsal surface, where it is most removed from pressure in the almost constant use of the hand.

---

*Art. II.—Essay on Aural Medicine and Surgery.*

Read before the Clark County Medical Society, by Dr. A. M. WHITEHEAD.

GENTLEMEN: In presenting the subject of aural medicine and surgery to this society, it is not my purpose to attempt any full or extended description of diseases of the ear; the subject being altogether too large to be adequately discussed within the limits to which I am necessarily restricted in a paper of this kind. But I propose merely to invite your attention to the most common cause of deafness—catarrh, or inflammation of the mucous membrane lining the middle ear. And it is not my intention to give a detailed account of the pathology, symptoms, and treatment of this disease, but I will endeavor to bring it before you in a general way, so as to bring about discussion and excite an interest in the study of an organ, which, I think, has been very much neglected. There is, perhaps, no department of the science of medicine in which, even at the present day, there is such an ignorance of facts and want of positiveness of opinion as in aural medicine and surgery. Most physicians believe that it is hardly worth the trouble to interest themselves in the entity of these affections, because they are so rarely called upon for their treatment, but this, I think, is very great error. To convince you that there are a large number of ear patients, perhaps more than eye patients, I only need remind you how frequently this organ is affected in a certain class of constitutional affections. This is almost regularly the case in measles, scarlet fever, and small-pox, and it is very frequently affected in typhus fever, tuberculosis, and hooping-cough, while some very common and every-day disease, such as nasal and pharyngeal catarrh, almost always affect the ear. And we must remember that nearly all who have passed the age of fifty or sixty years no longer hear well. The ordinary duties of life not requiring perfectly acute hearing, it must become considerably impaired in order to interfere with our social intercourse.

Dr. Trolch, in his work on diseases of the ear, asserts that not more than one out of three persons of from twenty to forty years of age still possess good and normal hearing. This fact I have noticed since I have been interested in the study of those diseases, having found many cases among my acquaintances whom I had not suspected as suffering from impaired hearing. Deafness on one side is especially apt to escape the notice, not only of others, but also of the patient himself. Diseases of the eye are not easily concealed, while diseases of the ear very frequently escape our notice, either with or without the connivance of the patient. The number of ear patients is enormously great, and this number will apparently still further increase, when there are more surgeons to recognize and treat them; for, hitherto, these diseases have been either unnoticed at their beginning or intentionally concealed. Therefore, the fact that physicians have so far troubled themselves so little about ear diseases can not depend upon want of material. Then, since diseases of the ear are so common, and their results so important, what would be more reasonable than to suppose that the attention of physicians would have been directed in a corresponding manner to their treatment. But we know that this department of medicine has been very much neglected, and that the development of aural surgery has not kept pace with the other departments of medical science.

Until late years, observations upon the living subject and cadaver, which alone can form a safe foundation for therapeutics, were made in a superficial and careless manner, in this department of our art. The physicians who busied themselves with this branch of medicine were very few, and the universities quite ignored it. In fact, it was denied that there was any capability of development and accomplishment in the study of diseases of the ear. The cases of aural surgery were dismissed with the assertion that there was nothing to be done for them. Now, add to this the fact that among those who especially cultivated this field of science, incessant literary contention occurred. One of these disputants was noted for his arrogance, another for his sordid manner of treating the whole subject, while a third published the most frivolous hypotheses. We can easily understand how physicians placed so little confidence in researches and labors, exhibiting so little that was valuable, and so much that was disagreeable. Finally, everything that reminded the profession of aural disease was received with antagonism or ridicule, so that as late as 1856,

it was openly declared that one who became an aural surgeon would put his good name in jeopardy.

But within the past few years, aural medicine and surgery has been elevated both in a scientific and ethical point of view. Wild, of Dublin, and Townbee, of London, contributed most to and by change in this department of science, by their very careful clinical observations of the course of diseases of the ear, and by their numerous sections of the auditory apparatus, as well as by various contributions to our anatomical and physiological knowledge of aural diseases. The labors of these men soon excited an interest in the profession generally, and from year to year the number of physicians increased who took up the study of aural diseases with interest, and who had a proper understanding of the subject. In one medical school after another teachers arose who prepared the way for progress in a fundamental knowledge of this specialty. The laity, too, not less than physicians, gradually begin to give to diseases of the ear the consideration that their serious character demands. It is only a dull or short sighted observer that will now deny that this whole matter has very recently changed its position in all respects. But diseases of the ear, and their treatment, must be brought beyond the narrow boundaries of an exclusive specialism. In this way great errors in diagnosis, and neglects, and omissions in treatment can only be avoided, when a certain amount of the knowledge in this department has become the common property of all physicians.

After this general consideration of the subject, I will briefly call your attention to the most common cause of deafness—catarrh, or inflammation of the mucous membrane lining the middle ear, and its surgical treatment. Catarrh may be either simple or purulent, acute or chronic. The middle ear being the only part of the organ covered with mucous membrane, it is the only one affected with catarrh. The acute form of this disease is much more rare than the chronic variety. It generally occurs from catching cold, and is usually accompanied with catarrh of the nasal passages and fauces, or with bronchial catarrh or inflammation of the lungs.

The lower portion of the Eustachian is involved in nearly every case of cold in the head, or naso-pharyngeal catarrh. It is not necessary for me to give a detailed account of the symptoms of acute catarrh. The most prominent symptoms are hyperemic swelling of the whole mucous tract of the middle ear, with great



increase of secretion of mucus, sometimes causing closure of the Eustachian tube. The impairment of hearing is generally of a high degree, and occurs quite suddenly; with the deafness the patient experiences a feeling of fullness in the ear, with severe pain at the commencement of the disease. If we examine the external auditory canal we find an increased redness near the *membrana tympana*. The *membrana tympana* appears very brilliant, and through it in many cases may be seen the malleolus.

The prognosis of this disease, when there is no suppuration, is generally favorable. It is only with inappropriate treatment that a deeper seated affection occurs. There is, however, a somewhat unfavorable view in the prognosis arising from the fact that relapses often occur still more frequently, there remains a tendency to continuous chronic catarrh of the ear. Experience tells us that any person who has suffered once from a severe catarrh of any organ remains for a long time especially predisposed to an affection of the same kind. There is also an anatomical reason for the explanation of such cases. Among the most frequent consequences of acute catarrh of the ear are permanent thickening of the mucous membrane lining the middle ear, as well as various forms of adhesions and attachments, which are developed from the contact of the two surfaces which existed at the time of the acute inflammation. It is clear that when such adhesions have taken place, and the space of the cavity of the tympanum so much diminished, each swelling of the mucous membrane which could produce no effect upon a normal cavity in one that has been narrowed, will diminish the sharpness of hearing in a sensible degree; so also every thickening of the membrane of the tube favors the occurrence of subsequent closure.

It follows that the results of treatment in acute catarrh will depend upon our ability to prevent permanent thickening of the mucous membrane and adhesions of its various parts with each other. We shall best accomplish these results if the Eustachian catheter be introduced as soon as possible, and air forced through it into the cavity of the tympanum. In most of the cases of acute catarrh the hearing begins to improve from the moment the catheter is introduced, and air forced through it into the cavity of the tympanum. This may be explained by considering the condition of the cavity of the tympanum during inflammation. The membrane is everywhere swollen and the secretion greatly increased, which fills the cells of the mastoid process as well as the

cavity of the tympanum, and it can not find exit, because the Eustachian tube, which is of the same structure, is affected in the same manner, and its swollen walls prevent the egress. If we reopen this passage by blowing in air, some of the secretions will be removed from the walls of the cavity, and from the membrana tympana. It is upon this membrane that the chief symptoms of the pressure will be felt, and when it is relieved much of the congestion and inflammation will also be removed. Local blood-letting and cathartics must also be used in the treatment of this disease, and the throat and the nose must be looked after, as their mucous lining is continuous with that of the Eustachian tube, and nearly always involved in the disease. Now, with such treatment as this nearly every case of acute catarrh may be cured and permanent deafness prevented.

The chronic form of catarrh of the ear is much more common than the acute form. Its diagnosis is more difficult, its progress more uncertain, and its treatment more varied. It is divided into two great varieties, and the latter form true or moist catarrh into two sub-varieties.

The one form effects the Eustachian tube principally, gradually narrowing it, and frequently closing it entirely; the other shows itself by hyperemia and swelling of the membrane of the cavity of the tympanum. The three forms are classified as follows: sclerosis of the mucous membrane of the middle ear, catarrh of the Eustachian tube, and true catarrh of the cavity of the tympanum. Each of these forms may occur independently of each other; more frequently they can not be accurately distinguished, but are combined with each other. It is better, therefore, not to speak of each form separately. Chronic aural catarrh consists of repeated swelling with general thickening of the membrane lining the middle ear, and it is usually accompanied by increased secretion. It is only a short time since that it was even attempted to place our knowledge of diseases of the ear on an anatomical basis. Until quite recently, the greater number of aural affections that were non-suppurative, and all forms of deafness which did not depend upon some affection of the auditory canal, which we now consider as consequences of chronic aural catarrh of the middle ear, were characterized as nervous affections of the middle ear. In this view of the subject any investigation by an examination on the cadaver was considered superfluous. It is not surprising then for that our knowledge and ideas of the morbid changes in

chronic aural catarrh are still in a somewhat crude condition, that they are chiefly confined to what may be observed with the naked eye, and we do not yet understand the finer changes in the tissue of the middle ear. This membrane has as yet received no complete microscopic examination as to its condition in a state of health.

We know the least about that form of catarrh which is called sclerosis. In this form of the disease the mucous membrane becomes dense, rigid, and inelastic, so as to impair the vibratory power of the membrana tympanum. It sometimes leads to complete rigidity, calcareous or osseous degeneration of the membrane surrounding the stapes, with ankylosis of the bones of the ear. We do not yet know certainly whether calcareous deposits or other molecular changes constitute the basis of this condition. We are better informed as to the changes which occur in the true or moist catarrh of the cavity of the tympanum. In all these cases there is increased secretion with swelling of the mucous membrane. At times there is the same condition of the mucous membrane in all the structures and walls of the cavity of the tympanum. Again the vascularity is more decided in one part than another. The membrana tympanum may be in a completely healthy condition, and the hypertrophy be confined to the membranes of the fenestra, though the whole of the mucous membrane is more frequently affected. The general thickening of this membrane is frequently extended to the articulation of the bones of the ear. The capsules become gradually thicker and thicker, until they cause a complete ankylosis. In fact, we have all the changes which a chronic inflammation may cause. The cavity of the tympanum itself may be entirely obliterated by the development of connective tissue. Connected with this form of the disease there is catarrh of the Eustachian tube, which closes it. The air in the cavity of the tympanum is shut off by this condition of the tube. The membrana tympana, which, in a normal condition of these parts, lies between the two strata of air of equal density, is now more pressed upon by the air in the external ear, which causes it to sink inward, and with it the chain of bones which are attached to it by the malleolus. These symptoms may be observed with every cold in the head. If the swelling of the mucous membrane only last a short time, the ear, as a rule, recovers its function as soon as the equilibrium of air before and behind the membrana tympana is restored.

The most prominent symptom of this disease is impairment of



hearing, which occurs gradually, so that the patient is unable to tell when it first began. This impairment depends more upon loss of elasticity than thickening of the drum. With this disease catarrh of the nasal passages and Eustachian tube is very common. It is not necessary for me to give the symptoms of this affection in detail, nor to speak of all the disturbing sensations with which impaired hearing is accompanied. And I must also be very brief in describing the manner and means of its diagnosis. Observations on the cadaver, as well as on the living subject, teach us that chronic aural catarrh is by far the most frequent of all the affections of the ear, and it thus becomes the most common cause of impaired hearing. It is an affection of every time of life. It occurs in early childhood, generally developed from an acute or subacute affection; but it is the most common cause of impaired hearing of advanced life. It is also an hereditary disease. We know that certain family similarities, which have been transmitted through several generations, are founded on some similarity of the construction of the skull; and is it not as reasonable to suppose that peculiarities in the structure of the organ of hearing may be inherited just as well as a particular shape of the nose.

Now how may we recognize this disease? The appearance of the membrana tympana plays an important part in its diagnosis; and as it is so varied I will not attempt a lengthened description of it. The most striking changes of this membrane is a sunken and thickened condition. Although it is always of the utmost importance to make an examination of the membrana tympana, we must not think that the appearance of this membrane alone is sufficient for the determination of the nature of a morbid process in the organ of hearing and for the explanation of the impaired function. The statement of the patient as to the history of the case, is sometimes valuable assistance in making our diagnosis; so, also, are examinations of the throat and the use of the Eustachian catheter. By the use of the catheter we learn whether the tube is swelled; if it is of a normal width or contracted; that is if the resistance of its walls to the stream of air be normal or increased, and if there be any abnormal amount of mucus in the tube or in the cavity of the tympanum. Some abnormal conditions of the drum are not discovered until after the air-bath has been used. The use of the catheter also informs us as to the elasticity, mobility, or abnormal fixation of this membrane. It is also valuable in

many other respects as a means of diagnosis, which I have not now time to mention.

The prognosis in chronic aural catarrh is, in general terms, a favorable one, except in very old cases, when as much as we can expect from treatment is to check the disease, which would otherwise go on until it causes complete deafness. By the help of the catheter we can act directly upon the diseased parts, that is, upon the mucous membrane of the middle ear in the most varied manner, and can do as much by treatment as we can for chronic catarrh of any other organ.

In speaking of the treatment of this disease, I may say that there is no department of our art where there is so much ridiculous practice and unscientific shuffling as in aural medicine and surgery. Nowhere do we meet with such a want of confidence on the part of both the patient and physician as to what medical skill can do. He then, who is in earnest with this matter of treating diseases of the ear, must avoid the evil which has gathered about this part of our profession, and which has brought it into disrepute.

The treatment of this disease should consist in a correction of the altered condition of the mucous membrane of the ear, nose, and pharynx, and attention to the general health of the patient.

The strictly local treatment consists chiefly in the use of the air-bath through the catheter. By this means the tube is opened, the pressure of air in the cavity of the tympanum and pharyngeal space is equalized, and at the same time a mechanical pressure is made upon the elastic walls of the cavity of the tympanum, upon the membrana tympana and the membrane of the fenestra. The pressure made by the air-bath stretches and relaxes the parts, and may counteract any incipient rigidity, or want of elasticity, or loose abnormal adhesions. I have relieved some cases of deafness by the mechanical effect of the air-bath alone; especially in children, or pure tubal catarrh, it is frequently sufficient of itself. But the use of the air-bath is necessary in the beginning of the treatment of all cases in order to make a free passage to the ear. In all cases that are not very recent, or which are not slight affections, the swollen or thickened membrane of the tube or cavity of the tympanum must be acted upon by means of the injection of fluids or of vapors through the catheter.

The vapor of muriate of ammonia is of particular value when there is an increase of secretion. This soon checks the secretion,

the impermeability of the tube is removed, and a full stream of air may be forced through it to the middle ear. The vapor of water is often used in treating thickening of the mucous membrane of the middle ear. It is generally used at the temperature of 110° Fahrenheit. Rubber instead of metal catheters are used for the introduction of steam, to prevent burning the parts. Other vapors, such as iodine, acetic, ether, chloroform, and ol. terebinthinæ, both alone and in combination with narcotic extracts, such as extracts of hyoscyamus, which is said to be of particular value in subduing tinnitus. All these applications must be made with a certain vis a tergo, with the compression pumps or air-bag, if we would be certain that they pass into the cavity of the tympanum. The injection of fluids is much simpler than the use of vapors, since all the apparatus that is necessary is a small glass tube or a small syringe for injecting into the catheter. If the patient be made to swallow while a strong current of air is drawn through the catheter, a portion of the fluid will be forced into the cavity of the tympanum. Among the preparations that may be injected into the middle ear, I may mention, as of particular value, solutions of sulphate of zinc, one to ten grains to the ounce of distilled water; chloride of ammonium, ten to forty grains; iodide of potassium, ten to sixty grains; iodine in a solution of iodide of potassium, one to six grains to a scruple of iodide of potassium. Glycerine may also be used in a pure state, or added to any one of the above-named solutions. There are some disadvantages in the use of fluids. The beak of the catheter must rest between the lips of the tube. We must therefore use catheters of a large curvature, and their employment requires more skill than the ordinary ones; besides we require a certain assistance of the patient. If he does not swallow at the same time that the fluid is driven in, we may fail in injecting the cavity of the tympanum. Good results are sometimes achieved by a combination of the two methods; after the use of the warm vapor of water, an injection of an irritating fluid may be employed. In this way the mucous membrane is first moistened and relaxed, and thus the fluid more readily and thoroughly taken up. The injections should not be used more than once every two or three days. From such treatment as this, we may expect favorable results in many cases of chronic catarrh. But if we look at the changes that post-mortem examination shows in some patients with chronic catarrh, we may be able to estimate the re-



sults to be reasonably expected from treatment. Sometimes the whole canal leading to the membrano fenestra rotunda is filled with a plug of connective tissue, or the membrane itself is very much thickened or changed to other calcareous plate, or the bones of the ear may be anchylosed. In such cases we can not expect any result from any treatment but one that is purely operative, and I think that in the practice of aural surgery there will yet be a wider field for operative interference. Sometimes it is necessary to open the Eustachian tube by means of bougies passed through the catheter. Those made of catgut are most commonly used. Connected with the treatment of the middle ear, applications to the external auditory canal are used, such as solutions of nitrate of silver, sulphate of zinc, and other astringents. The benefits from plasters behind the ear, which have been until lately almost universally recommended, are said to be quite doubtful, that unless combined with local treatment they do no good whatever. It is necessary in all these cases to look after the nasal passages and pharynx, as their mucous lining is almost always involved in the disease. When the Eustachian tube is closed by enlarged tonsils, they must of course be removed. This is especially apt to occur in scrofulous patients.

In the treatment of the general condition of the patient, we must be governed by general principles.

---

### *Art. III.—An Anomalous Case of Carcinoma.*

Reported by A. ANDRUS, M. D.\*

T. L., male, aged 46; temperament nervous, sanguine; for several years had not been in vigorous health.

History of case previous to medical attendance:

October 1. Noticeable indisposition. There was pallor of the countenance; variable appetite; constipation of the bowels; coldness of the extremities; pulse somewhat accelerated.

February, 1872. Experienced pain and lameness in the left hip and limb; pain at times acute and extending to the knee. There was swelling and hardness of the muscles about the hip, which for

---

\*Read to Ohio State Medical Society, June, 1872.

a time seemed to increase. At this time there was an inability to walk without the assistance of a cane.

March 25, 1872, was first called to see the patient.

*Abnormal Manifestations.*—General debility, loss of appetite, constipation of the bowels; urine high colored and containing large amount of sediment; tongue coated with yellowish fur; pulse feeble and ranging from eighty to one hundred; extremities cold; restless at night. There was experienced at this time pain in the right hip, extending down the limb, with swellings and hardness of the muscles; sharp pain in the left limb had subsided; soreness in the hip so great that there was an inability to lie upon either side, patient being obliged to rest upon the back. There was swelling and hardness of the muscles of other parts of the body, especially of the right arm. At this period of the disease (March 25), there was ecchymosis in the bend of the right arm, extending over a surface from four to five inches in diameter, which within a few days disappeared. Back also became ecchymosed, having a dark purple and yellowish hue, extending from the hips to the top of the shoulders, which condition continued until death. Some time during the first part of March there was observed first upon the head a small tubercle or tumor, in size as large as the end of the finger.

From this time to the 15th of March, a few were noticed upon the arm, and in a few days several upon other parts of the body. After this period the development of the tubercles or tumors was remarkably rapid. Within the short space of two or three weeks their number had augmented to one hundred and fifty or two hundred. What seemed most remarkable, they appeared to "sprout up" and become fully developed in from twenty-four to thirty-six hours, attaining their full size and making no perceptible increase thereafter.

These tumors varied in size from that of a mullet seed to a hickory nut. In form some were round, others oblong or oval. In structure lobulated, and having an elastic feel, and were principally located in the subcutaneous cellular tissue. A large proportion of them presented no discoloration of the skin, while others were of a purple or dark purple appearance.

After a full development of the diseased condition about the middle of March, the vital forces were rapidly overcome, and the patient sank and died from exhaustion on the 30th day of April, 1872.

Post mortem revealed in the cavity of the abdomen a large number of these tumors situated upon the serous membrane, and in character and size such as were formed upon the surface of the body. Some were located upon the diaphragm, a large number upon the folds of the mesentery, and one or two upon a reflector of the peritoneal membrane covering the liver. There were none in the liver, spleen, pancreas, or kidneys; these organs were in comparatively healthy state. The psoas muscles were found to be in a swollen and hard condition. The chest and cranial cavities were not examined.

Upon a section of a number of the swollen muscles there was found, what appeared to the natural eye, extravasated blood in a partially decomposed condition. After the death of the patient, several of the tumors were examined microscopically, Drs. Loring and Franklin, of Columbus, taking part in the examination. From the manifestations obtained in this examination, the cell form and its peculiar structure, the conclusion arrived at was that these tumors were carcinomatous, and in character encephaloid or melanotic.

---

*Epidemic of Jaundice.*—An epidemic of icterus prevailed in Paris during the past winter. It is described by Dr. Decaisne, before the Academy of Medicine, as attacking persons in all conditions of life and health, without any assignable general or local cause. The *velum* of the palate exhibited the general yellowness. A strict diet, with the free use of cream of tartar lemonade, was sufficient in general to effect a cure. The physicians of the academy appear to have regarded the epidemic as without a precedent. In the *Medical Press* for February, 1866, will be found a record made by the senior editor of this journal, of a similar epidemic which prevailed extensively in Vermont in the autumn of 1865, and which attacked nearly one-half the population of some towns. In that instance the mercurial treatment was found successful and necessary.—*Pacific Med. and Surg. Journal.*



## Translations.

### *Aphasia.*

Par ADRIEN PROUST, *Professeur agrege a la Faculte de Medecine.* Translated from the "Archives Generales," by THOMAS C. MINOR, M. D.

*Proofs drawn from the Anatomy of Development.*—After the observations of Gratiolet, the frontal circonvolutions of the left hemisphere show themselves earlier than those of the right hemisphere, and the former are distinctly formed, while the latter are still the least bit visible.

We can explain by the more rapid development of the left hemisphere the greater cleverness of our right hands. The limbs of the right side are, in fact, most active, owing to the fibres which have for their point of departure the cerebral cellules of the left hemisphere. We are *right handed*, because our right hand under-goes before the left the influence of the nervous system; we have thus contracted the habit of using the right hand.

The same reasoning, applied to articular language, explains why the left hemisphere alone presides over the exercise of speech. The child is accustomed to speak by using this hemisphere in the same way that it is accustomed to using its right hand. It has become, following the expression of Broca, *left brained*.\*

There is opposed to this theory a case observed by Moreau, of Tours, of congenital absence of the third left frontal circonvolution, with preservation of speech. Broca contests, in this observation, the interpretation which has been given to it, and appears to the contrary to find in it the confirmation of his opinion. "If," says he, "there is absence of the third left frontal circonvolution, the individual learns to speak with the right, absolutely in the same way that a child, born without a right hand, becomes as clever with the left as another with its right."

Moxon shares in this belief, and at the same time emits this idea, that education is unilateral; that the brain lacks symmetry

---

\*The more rapid development of the left frontal circonvolutions is denied by Carl Vogt.

among the higher and more intelligent orders of animals, and that it is in man that it attains its highest degree of asymmetry.

Finally, Marshall relates the case\* of a woman and child who were microcephalic, who never enjoyed, either of them, the faculty of articulation. In these two cases the frontal circonvolutions were singularly small and imperfect. Marshall adds, at the same time, that they were much more simple than those of the orang or the chimpanzee.

*Proofs drawn from Anthropology.*—I have tried to find in the study of races arguments of the same order, but these proofs have treated much more the development of intelligence among the different races than concerning the localization of articular language.

This study, in fact, bears upon the comparative time of the union of the cranial bones in the principal races.†

But this is not all, and I wish to deduce from anthropological notions the singular practical consequences. Certain tribes use compression upon the skulls of children. These savages apply molds of different kinds upon the skull walls of new-born babes, which they shape in this way to varied forms, according to their caprice or fashion.

Now, if one takes into consideration the dignity of the different parts which form the encephalon, the elevated faculties, the intelligence should be placed in the anterior parts. An Olympian front will indicate a nature happily endowed; the lower passions, the vulgar sentiments, are, to the contrary, found localized in the posterior parts. An ingenious anthropologist, exaggerating his deductions, has from thence asked if the nature of individuals could not be modified by cranial pressures; if, for example, an enormous

\*Philosophical Transactions, 1864.

†Gratiolet has established three principal races: 1. Frontal races, or Caucasian; 2. Parietal races; 3. Occipital races, or Ethiopian. He has shown that in the Caucasian race the anterior fontanelle is the last to ossify, to the end of permitting the greatest possible development of the frontal lobes, and that in the Ethiopian race an inverse condition exists, the posterior fontanelle ossifying last. After this disposition in the superior races, the frontal lobes of the hemispheres continue to develop themselves a long time after the occlusion of the posterior sutures has put an end to the increase of the remainder of the brain. In the inferior races, to the contrary, the ossification of the sutures precedes from before backward, and it results that the anterior portions of the brain are the first arrested in their development.

pressure, exercised upon the occipital of an idiot, would not cause the appearance in him of some rays of intelligence. His system, cleverly applied, should then modify the intellectual aptitudes, forming thus at will sages for council heroes for war, regenerating men and races, and giving human feeling to savage people.

Unfortunately, this moralization, by compression, has little chance of success, and has been refuted before the same could be experimented on. Gratiolet, in fact, has shown that this system would give the contrary to the result desired, and that pressure of the occipital, for example, would atrophy not only the posterior lobes, but the frontal circonvolutions themselves; that which it would be due to exalt would be more humbled.

*Proofs drawn from Comparative Anatomy* are as indirect as those with which we have occupied ourselves. They have treated the comparative development of the circonvolutions adjoining islets. The island of Reil, or central lobe, is perfectly smooth in animals; it presents in the brain of man the fan-shaped circonvolutions of which we find scarcely a rudiment among some of the superior apes.\*

---

\*The brain of man and that of anthropoid apes (orang-outangs, chimpanzee, and gorilla) are constructed absolutely upon the same type—a type of itself—which is characterized, among other things, by the fissure of Sylvius and by the way in which the island of Reil is formed and covered; but there is between them secondary differences in the arrangement of the folds and in the comparative development of the lobes and circonvolutions. In man the third frontal circonvolution is extraordinarily developed, and covers, in part, the islet; while the central transverse circonvolutions are much less important; to the contrary, among apes the third frontal circonvolution is very slightly developed, and the transverse central circonvolutions are much so, descending as far as the extremity of the hemisphere, and giving to the fissure of Sylvius the form of a V. The cause of this difference goes back to the period of embryonic development.

The brain of the fetus of each one of the mammifera at a certain age (two months in man) has the form of a bean, a large infero-lateral sinus, corresponding to the island and to the parts which surround it.

From the third to the fifth month this large space is filled up in man by a very rapid increase of the third frontal circonvolution, and by a very slow increase of the transverse central circonvolutions. In apes, to the contrary, it is just the reverse; the space is filled by a rapid development of the transverse central circonvolutions, and the later increase of the third frontal circonvolution.

In order to show the relation of that which precedes the seat of speech, I remember microcephaloids who did not speak; they learned to repeat certain



*Proofs drawn from Physiology*—Here the poverty is still greater. Animals not being endowed with articular language, experiments made upon them can not be conclusive. Prof. Bouillaud destroyed the anterior lobes of dogs. These perturbations brought on stupor; the dogs no longer barked. But, as we have said, barking, sign of the voice, has it something in common with the voice of man? What legitimate conclusion should we deduct from these experiments and other ones like them?

Nevertheless, some cases of traumatism have been observed more conclusive than the results of vivisections; the following observation merits narration; here we are entirely under the conditions of pathological experimentation. There was brought to the "*Hospital St. Louis*," into the service of M. Cullerier, a man who had shot himself in the forehead with a pistol. The frontal bone was completely carried away. The anterior lobes of the brain being bare, but not injured. This unfortunate patient survived several hours after his wound. The intelligence remained intact as well as speech. The following experiment was performed: While he was being interrogated, the blade of a large spatula was applied upon the anterior lobes; it was pressed slightly and speech was suddenly suspended, the word commenced was cut in two. The faculty of language reappeared when the pressure was removed. It has been pretended that this observation proved nothing, because the pressure may have been transmitted to other parts of the encephalon; but Auburton, who reported this case, answers that this pressure was directed in such a manner as to act only upon the anterior lobes, and that it neither produced paralysis nor loss of consciousness.

They have objected, moreover, that the same results had been obtained among individuals in whom the cranial vault was lacking in other regions, and in particular in that celebrated beggar whose skull cap had been entirely removed following a necrosis, who held out his own skull to passers-by to drop their alms in. Among these individuals, in fact, the compression exercised upon the medium part of the brain suddenly suppressed speech, but it sup-

---

words, like parrots, but they had no articular language. Now, microcephaloids have the same conformation of the third frontal circonvolution, and the central folds, as apes; they are apes as far as concerns the anterior part of their brain. "*En resume*," man speaks, apes and microcephaloids do not speak. (Extract from Bateman, *loc cite*.)

pressed, at the same time, all the other functions of the brain, and brought about a complete loss of consciousness. In the patient at the "*St. Louis Hospital*," on the contrary, the compression, exercised with much moderation and prudence, was not pushed to the point of troubling the general functions of the encephalon; limited to the anterior lobes, it only suspended the faculty of speech.

*Proofs derived from Pathological Anatomy.*—Up to this point we have considered the proofs we should call presumptive proofs. Those which remain for us to examine, that is to say, the proofs drawn from pathological anatomy, may, to the contrary, become positive, and it is, in fact, upon this order of arguments that Profs. Bouillaud and Broca, and Mr. Dax, have based their opinions.

In a general manner, pathological anatomy gave reasons to the authors whom we have cited, and the examination of cases established that, about ten cases of aphasia being given, the lesion will be seated eight or nine times in the anterior lobes. As to the hemisphere attacked, we can say that only a seventh of the cases observed can be opposed to its localization in the left side.

I can not go over here all the cases of aphasia which have been published, and show in what they invalidate or confirm the theories already exposed. This work has been done, and I refer to the "*Bulletin of the Academy*" and the "*Clinic of Trousseau*."

I will only permit myself to return to some cases, contradicting the theories of localization.

We may come to appreciate the truth of these theories by two orders of observations, or better, it is necessary to demonstrate that the aphasic patient does not present any alteration in the point before mentioned, or better still, to the contrary, that this point being altered, we do not observe, in the meanwhile, in spite of this lesion, the symptom of aphasia.

The observations that I shall pass in review obey one or the other of these two ideas. They are traced to the opinions of Bouillaud, Dax, and Broca.

*Facts opposed to its localization in the Anterior Lobes* (Bouillaud).—Trousseau quotes, in cases recently published, sixteen observations opposing its localization in the anterior lobes. Eleven of these cases were observed by Velpeau. In four cases there was softening of the *left frontal lobe without aphasia*, in three cases softening of the *right frontal lobe without aphasia*, in three cases softening of the *occipital lobe* without alteration of the ante-

rior lobes, and still there was *aphasia*; finally, a later case, published by Cornhil, consisting in a softening of the left *occipital lobe* with *aphasia*, and without any alteration of the anterior lobes.

Two other observations, the one of Fernet, the other of Parrot, showed softening of the *right frontal lobe without aphasia*.

2. *Facts opposed to its localization in the Left Hemisphere* (Dax).—Charcot, Cornhil, and Pelvet have cited observations of *aphasics* without any alteration in the left hemisphere.

3. *Facts opposed to its localization in the Third Left Frontal Circovolution* (Broca).—Peter has seen a woman, aged forty years, attacked by left hemiplegia and *aphasia*. On autopsy, was found a softening of the posterior part of the third right frontal circovolution; there had been no alteration of the third left frontal circovolution.

A patient, observed by Charcot and Cornhil, responded invariably to questions which were asked her—*ta, ta, ta*. The lesion only existed in the island of Reil, the temporal lobe, and the corpora striata of the left side. The anterior lobes and the three circovolutions presented no alteration.

Professor Velpeau saw an *aphasic* with a lesion of a portion of the left hemisphere, but without alteration of the frontal lobe.

Finally, I will moreover quote the cases of Parrot and Fernet, where there was injury of the third right circovolution without *aphasia*. It is true that the alteration was seated at the right.

One of the most recent observations which has been published, is the case reported by Dr. Simpson, in the *Medical Times*, of December 21, 1867, of a great injury to the left inferior frontal circovolution of the brain without *aphasia*.

W. M——, aged 62 years, was admitted to the "*Gloucester County Asylum*," in February, 1857. He was attacked by epilepsy during his childhood; has never had any attack of apoplexy, so that it can be affirmed that he never before experienced loss of speech. During the ten years his case was noticed in the asylum, he had had no cerebral symptoms other than those ordinarily met in epilepsy, no paralysis, no embarrassment in speech. He died in November, 1867, of a bronchial affection.

*Autopsy*.—The cranial vault is thickened, hard; the skull, non-symmetrical, and more lengthened, following the left oblique diameter. The dura mater is healthy and presents no adhesions; the arachnoid is opaque in its whole extent, but more particularly at the superior part of the two hemispheres; the pia mater is in a



normal condition. The gray substance is slightly atrophied and of a firm consistency, but it is paler than ordinarily; the white substance is also atrophied, and the intervals it presents, as well as the ventricles, are filled with serum. The two orbital halves of the frontal lobes present indentations produced by the projection of the superior borders of the orbits on the left side, and situated *in the posterior portion of the third frontal circonvolution*, exists a vast depression, which seems to be the result of an apoplectic attack; it is a singular cavity, being about one inch and three-quarters in its antero-posterior diameter, and one inch and a half in its transverse diameter; it extends at the interior to within about five lines of the olfactory bulb, and in front up to within an inch of the anterior border of the hemisphere; its greatest depth is at its center, where it measures a half inch, going to the general line of its surface. The cerebral tissue is stained a yellowish brown color; there is a considerable corrugation, with induration around the borders of the depression. Examination with the microscope distinctly shows arborescent crystals of hæmatine. The cortical substance is very thin, reduced to less than a line's thickness at the center of the depression; the island of Reil appears healthy, and the other portions of the brain do not present a notable difference from its normal state. The cerebral arteries are slightly atheromatous; the weight of the encephalon is forty-two ounces and a half.

We see, then, by the preceding discussion, that if a certain number of cases have been opposed to the theories of Bouillaud, Dax, and Broca, if its localization in the third frontal circonvolution of the left side can not be always and absolutely affirmed, in the meantime, from a clinical point of view, we may derive, from the observation of the symptom aphasia, precious indications as to the seat and nature of the lesion producing aphasia. Almost always, in fact, as I have already said, this symptom corresponds to an ischemical softening of the left anterior lobe; one of the patients experimented on, whom I previously spoke of (Louisa X.), presented on the autopsy a softening and atrophy of the entire left anterior lobe.

This pathogeny is besides very simple in the majority of permanent aphasic cases; the difficulty commences with the interpretation of passing and transitory aphasias. Nevertheless, can we not admit, as an explanation of these cases, temporary obstructions, lasting some days or hours, bringing on during their pres-

ence aphasia and paralysis, and disappearing with these symptoms under the influence of a collateral circulation?

I had under my care a lady who, having atheromatous arteries, presented for some hours, at irregular intervals, more or less complete aphasia, accompanied by tingling and slight paralysis in the limbs of the right side. Was there not at that time, in the already diseased cerebral arteries, small thromboses that very soon disappeared, or at the same time that a collateral circulation was established?

Prof. Velpeau has related a case which is found altogether in accordance with the before-mentioned idea; speaking of the autopsy of an aphasic patient, he says: "The two sylvian arteries were very atheromatous, but while that of the right side still offered a free passage to the blood, that of the left side was completely or almost completely obturated, and this obturation was produced, in part, by the atheromatous thickening of the walls, and in part by an indurated fibrinous deposit, evidently ancient. This deposit appeared to be the result rather of a thrombosis than of an embolism. It is likely that this obturation was the origin of the primitive symptoms of our patient. The circulation may have been very much obstructed on several occasions, but it may have been probably re-established in an incomplete manner by the collateral circulation. It is thus that I explained it—and the obstruction so to speak remitting from the speech, the same as the weakening of the lower limbs and the intellectual debility. All this would be the consequence of insufficient nutrition of the brain."

It is, then, in a partial or entire obstruction of the sylvian artery, having as a consequence disturbance of cerebral nutrition, that it appears to me the greater part of the pathogeny of aphasia resides. I repeat, however, that it is not the whole pathogeny, for the reason that it is not absolutely impossible for a traumatism or a vascular rupture to alter this same region; but in presence of the symptom aphasia, any lesion is not more probable than an ischemical softening.

I have said nothing up to this point of the localization of articular language in the olivary bodies. This opinion, which has an exclusive and in a manner absolute claim, can not be admitted; it rests on the anatomical researches of Schroeder Van der Kolk and Stilling. According to Schroeder Van der Kolk, the functional center of articular sounds and of deglutition is situated in the medulla oblongata. This center is formed by the respective union

of the hypoglossals, facials, glosso-pharyngeals, spinal accessories, and trigemini. In the separate movements of the tongue, lips, cheeks, vellum pallatum, and pharynx, each one of these nerves acts separately in the sphere of its distribution; but for the complex and simultaneous movements which are necessary for the production of articular sounds and deglutition, all the original nuclei of these nerves are bound together, and from one side to the other, by the olivary system which becomes in this manner the co-ordinating organ of the final functional act.

Besides, Schroeder Van der Kolk noticed that the olivary bodies united only among the mammifera, and if one compares these organs in the series of mammifera, he may see that they never attain so great a size as among men. Among the mammifera of a more elevated order, monkeys for example, these organs have the most resemblance to those of man. Finally, in the latter, they surpassed those of the chimpanzee in circumference two or three times the size.

The following observation has been given, agreeing with the opinions of the authors we have quoted. But what does it prove? That a person very nearly dumb has the brain incompletely developed. This is not extraordinary, and can not be an argument; for the olivary bodies were not the only organs atrophied. Finally, dumbness, is it then aphasia? Here, moreover, is this observation:

"G. Van A., aged 22 years, dumb since her birth, but not deaf. She had always enjoyed good health, and, although idiotic, she ordinarily understood all that was said to her, but she had never been able to articulate a sound, and only uttered a cry [*squeak*] from time to time. The patient died of diarrhea, and the following state of affairs was found on autopsy: Having removed the skull, which was hard, but thin and small, the brain was seen to be atrophied and slightly developed; the circonvolutions, especially those of the anterior lobes, were flattened and few in number, owing to this flattening of the vault shaping the anterior lobes. The circonvolutions designated by the name of the third order, according to Foville, were very small and scarcely visible upon the internal longitudinal face of the hemispheres; upon the posterior lobes, the circonvolutions were likewise slightly developed. Upon the anterior lobes, above the frontal bone, was seen a stain the size of a small hand, and a sanguine exudation under the arachnoid; at this point the pia mater was adherent to the cortical layer, which, at places, had lost its normal consistency. On section, the gray and white substances were found stained here and there in their thickness, by bloody punctæ. The optic layers presented a very decided yellow coloration; the pons varoli was smaller and more contracted than in the normal state; and the olivary bodies extraordinarily



small and slightly developed, not reaching the third of their ordinary volume."

I could still oppose to the partisans of its localization in the olivary bodies, an observation of Velpeau, which showed alteration of the olivary bodies with integrity of speech.

Lockhart Clark\* mentions two cases of aphasia with alteration of the olivary bodies; but in these cases other parts of the brain were likewise injured.

This coincidence of alteration in the olivary bodies, with other cerebral lesions, is found in many other observations (Abercrombie, Van der Kolk, Cruveilhier, and Romberg).

Jaccoud† took into consideration the works of Schroeder Van der Kolk, when he laid down the different acts of language, and applied to varieties of aphasia (which he calls *alalie*) his physiological division. But Jaccoud's work had for a special object the distinguishing in several categories of the different varieties of troubles in speech, and after the numerous confusions which had been committed this separation was far from being useless.

Jaccoud has admitted five varieties of alalia (for Jaccoud alalie is synonymous with loss of speech):

1. Alalia from hebetude.
2. Alalia from verbal amnesia.
3. Alalia from interruption of the voluntary transmission.
4. Alalia from deficient co-ordination in the motor center.
5. Alalia from paralysis of the tongue.

The majority of these varieties do not enter into the list of aphasia; such then I have circumscribed. I do not insist here upon this point; I will return to them when I shall treat of the distinctions to be established between aphasia and the other troubles of speech.

Nevertheless, if certain anatomical and physiological facts, upon which Jaccoud supported himself, still await a decisive demonstration, we can not contest that in this classification all may not be perfectly established and harmoniously co-ordinated. Normal anatomy, pathological anatomy, and physiology march to the front; all these sciences support each other, and concur in the demonstration of the author.

---

\*Researches on the Intimate Structure of the Brain. (Philosophical Transactions, 1868, pl. 1, p. 312).

†Jaccoud-Gazette Hebdomadaire, 1864.

It is otherwise in an attempt of the same kind made by M. Tarnosky.\* This is moreover an essay on the pathogeny of aphasia, but how complex is this new system!

Up to this point we have heard co-ordinating centers spoken of. These centers are not sufficient for M. Tarnosky, and it is necessary for him to have diminishing centers and increasing centers.

Then the author tries to establish different divisions for the normal state and for the pathological state; six in one case, five in the other. Why give us the different halting places through which the faculty of speech passes? Why, above all, multiply them so much, when he can not support these divisions by establishing his pathological distinctions? If, at least, the physiology of articular language gained by these subdivisions, if the conception of acts of speech should become clearer, brighter, more striking; but it all unfortunately amounts to nothing.

Upon the whole, I regret not meeting in the didactic and theoretical part of this work the qualities which existed in the practical part, where the author made known his personal observations.

### *Foreign Bodies in the Auditory Canal.*

From the new Italian monograph on diseases of the ear, entitled "*Le Malattie Dell' Orecchio-Trattato-Teorico-Prattico; basato specialmente sull' anatomia normale e patologica e sulla fisiologica dell' organo uditivo, pel.*" Dr. E. DE ROSSI. Translated by THOMAS C. MINOR, M. D., Cincinnati, O.

#### CAPITOLO V.

§1. *Inanimate Foreign Bodies; Symptomatology; Cases operated on; Animate Bodies; Insects; Cases operated on; Method of Extraction; Treatment.*

[CONTINUED FROM PAGE 473.]

*Insects in the Auditory Canal.*—The more ancient writers on this subject mention, or naturally speak of, the various means proper to use for vermin in the ear. We find, in fact, in Pliny himself, *si animal ingreditur aurem juvat inspuere auribus*, and Mercuriale, who refers to this passage, adds: *Hoc remedium non est irrationale quia saliva hominis, et præsertem jejuni apud omnes medicos putata est*

\*Of Syphilitic Aphasia, by Benjamin Tarnosky.

*insecta, animalia enecare!* Dioscorides, Galen, and Aezio treat of the cures made use of for vermin in the ear. Fabrizio Hildano, Valsalva, and Duverney also mention ulcerations of the ear from vermin. The most fantastic and extravagant stories were woven, concerning which they made poor explanations.

At a later period they ran to opposite extremes, and no longer agreed, with any confidence, in doing alike. They were limited to calling up productions conceived by the imagination; but there exist numerous and authenticated cases of diseases which turned out to be serious, owing to the presence of insects in the ear.

One which pleases me above all to notice is a case narrated by our own Morgagni, which is accompanied by the wisest reflections. In letter xiv., book 1, we find written:

“In order as much to help myself think, that I have not displeased thee, I shall now refer to how serious disorders of the ear may be produced by vermin; and, with the interesting case of a young lady, I shall confront those cases noted by Lanzoni and Behrens. I found myself, by chance, in company with Valsalva, in his fatherland, when this lady came seeking him. She told him that, from her girlhood days, worms had issued from her left ear, and that, only six months before, another smaller maggot had been removed, after having felt in the ear, and the neighboring parts of the face and temple, a pain, which ceased at the time the vermin came out, along with some pus; that, notwithstanding she had been attacked at that moment, and different intervals since, by the same pain, only it was more violent. With such symptoms, she had suddenly fallen unconscious, and remained so for two hours. Finally recovering her senses, the pain ceased, and there issued suddenly forth a maggot of the same form, but smaller in size; that the deafness in this ear was constant, and she had, in addition, a numbness of the skin, combined with a species of pruritis.”

Valsalva only doubted whether the fossa tympanum was ulcerated, and, in order to expel the maggots, proposed, if they still existed, to use the distilled water of hypericum, after which the fossa should be stimulated by quicksilver. You will see suggested by various authors, and especially by Duverney, various remedies. As regards myself, finally, in preventing the production of maggots of this sort, or of others, which, being destroyed at first, are produced anew, I maintain that, in order to be secure, when not



sleeping during the day, and the harvest time of summer and autumn, the ear should be stopped up, providing any ulceration exists, for the gnat flies are allured, by blood and ulcerated flesh, to enter this organ. The part should be washed with soap, the eggs should be sponged out (as from them are afterward developed the maggots), or the maggots themselves if the flies are viviparous, because such insects only derive their origin from flies. Homer himself, as far back as his day, attributed maggots to this cause, instead of thinking they were derived from putridness. Thus, in the case of Achilles, who feared that the flies would ne'er produce worms in the wounds of the murdered Patroclus.

Worthy of notice, in many respects, is the observation of Dr. Fargeon. He had under his care a boy of six years, who had been affected for about a month by a purulent discharge from the left ear, but who suffered from no pain. The parents paid no attention to his trouble, thinking it of little importance, and confined themselves to bathing the external ear with tepid water.

One beautiful day the boy commenced complaining of a most acute pain in the affected ear. This pain went on increasing for two consecutive days, in spite of the adoption of empirical treatment. From thence the pain increased until the third day, and toward evening became most acute, on account of its stinging sensation. Then the little patient was seized with convulsions; from his ears some drops of blood escaped. Dr. Regis attempted to calm the symptoms by bleeding, by the use of Sydenham's anodyne drops, combined with oil of sweet almonds, from all of which the patient seemed to derive no sensible amelioration.

On the next morning the pain still increased, and toward the close of day the motor convulsions became more remarkably frequent. The blood commenced to flow from the ear without interruption, and in such great abundance that, in the space of some hours, the quantity was estimated to be eight ounces.

The sad situation of the child decided the parents to consult Dr. Fargeon. When he saw it, it was crying bitterly. The convulsive motions persisted; the hemorrhage continued. Bleedings, narcotics, and emollients were used, without success. In the ear nothing particular could be discovered, notwithstanding the most careful examination was made. At the hour of six in the evening, the convulsions became more violent, and the patient's strength diminished notably. The doctor commenced having fears for the

life of his poor patient, when, at seven o'clock, the irregular motions became calmer, the pain diminished, and the patient complained only of something gnawing in his ear.

The mother examined the canal, and noticed near the aperture a whitish body; extracted it with the head of a pin, and immediately dropped it on the ground, having discovered it to be a large white maggot. The two doctors were now called in. They examined the maggot, and discoursed over it; but, as the morbid symptoms had not entirely disappeared, they came to the conclusion that other individuals of the same species would probably be found in the ear. In fact, these surgeons, by the aid of small forceps, which they introduced to a proper depth, were able to take out, one after the other, two maggots, similar to the first one, after which hemorrhage stopped, the pain was calmed, and the motor convulsions disappeared completely. The boy went to sleep a short time afterward, and the ulcerated parts healed up in the course of a few days.

The maggots, examined by Dr. Fargeon, were about the length and size of a jute bean. They had a black head and segments; a line of deep black was marked upon their backs. In order to find out whether they were similar to those met with in putrified matter, the doctor put them into three separate paper boxes. Five days afterward, they were found to be black, and each presented the appearance of a firm chrysalis. They were now visited scrupulously every day, and on the thirteenth day of their metamorphosis, when the first box was opened, a large fly came out, which took its flight, so it was not possible to examine it. He then decided to use greater precautions with the two remaining ones. The second box was carefully opened, and a chrysalis was found, with an aperture in it, at the point of which was discovered a fly's head. This rascal was suddenly dropped into a bottle. In the third box, the chrysalis was entire, and was placed in the bottle along with the fly. During the day, the fly of the most advanced chrysalis left its pupa and crawled out, then buzzed around in the bottle. The following day the other one came out. These flies were perfectly similar to those the doctor had seen flying about in summer, around meat exposed to the air, or upon corrupted animal matter.

Medical literature, or at least special works, are rich in similar observations. From among these I am pleased to select one recently published by Joseph Gouber, March, 1869:

A farmer presented himself to Dr. Scheibenzuber saying that, while plowing in the field, about eight o'clock in the evening, a fly got into his right ear, from which cause he had passed the night in the most severe agony. This fly buzzed about so much in his head that he feared he should lose his reason. With his speculum the doctor was unable to diagnose anything meriting treatment. The fly certainly was no longer at any point; but, where is ordinarily found the membrane of the tympanum, was seen a grayish-looking mass, which kept up a continuous undulatory movement.

During the time he was injecting the ear, the doctor heard a bubbling sound, due to the passage of air traversing a perforation. Having washed out the turbid and viscid gray mucus, what he then saw in the canal was enough to convince him as to the true nature of the case. The *cassa tympanum* was perfectly full of mucus, mixed with the larva of insects.

After a strong injection into the ear, a few of these larva were separated from the mass, and some were extracted with forceps; thus there were removed from the promontory and niche of the *fenestra ovalis* about as many as could be reached in the ear, but there were still numerous larva to be seen mixed up in the mucus. They injected with the vapor of chloroform, and afterward water, but the latter was used with less success. With such assistance, however, there was extracted forty maggots, a portion of which were sent to Dr. Gruber, who adds the following case, the which belonged to his practice:

Johann Eodinger, aged six years, has suffered from a purulent discharge from both his ears, since the age of five. On the 26th of September, 1868, while playing with some companions, near a manure heap, which they found while in a stable, the boy, all at once felt a fly, which flew violently into his left ear, and as it did not come out, the boy himself attempted to remove it, but did not succeed. For fear of being punished, he did not say anything about it to his parents, passing the entire night uneasily, all the time feeling in his ear unusual movements. The father, discovering the boy's indisposition, sought to find out the cause of this trouble, but as the boy obstinately continued to hide it from him he concluded that it was some sickness or other. During the next two days, the little Eodinger no longer manifested any indication of sickness, the parents' mind became easy; the boy afterward said, that at that time the sensation of movements had ceased.



which he had before spoken of. But the following evening, the scene so quiet before in appearance became dreadful. Pains commenced in the ear of the most severe, acute, and gnawing kind, and then at last the boy confessed all to his father. The old man sent for a physician in all haste, who, on his arrival, ordered injections of tepid water, and never even as much as examined the ear.

The neighbors, excited to sympathy by the lamentations of the boy, came and consulted regarding the case, and came to the conclusion that the fly was still in the ear. They made every effort in order to see into the auditory canal, bringing into use the light of a candle, and were rewarded by seeing, *horribile dictu*, the whole inside of the ear in a great commotion, and were even able to recognize the incontestable presence of maggots. With the aid of the parents, armed with a hair pin, they extracted (the boy's pain always increasing more, so the parents say) twenty-five large maggots, the greater number of which were crushed and killed. Six, however, were sent in a wooden box to Dr. Gruber, in order that he might be able to afterward study the boy's case. The pain meanwhile increased without cessation, after such delicate maneuvers on the part of the neighbors. The patient passed a restless night, complaining greatly; finally, as day was dawning, Gruber visited the boy, and found the following condition of affairs:

The auditory canal was swollen, somewhat contracted, and full of sanguinolent pus. After an injection, the membrane of the ear was seen to be greatly congested, and deprived of its epidermis at various points. The external two-thirds of the canal were open, the deeper third completely inclosed a foreign body, the surface of which was a little uneven, reflecting light at several points; it was of a dirty grayish color, and presented a number of small black spots.

A careful examination was made in order to discover which part of the body would explain these movements; it was recognized above all by the changes in position of the reflections, and by the black points, seen beneath the eye of the observer. The experiment of Valsalva gave negative result. By the aid of forceps, Gruber was able to extract, one by one, nine living larva, along with the cadavera of the fly which had produced them.\*

The presence of these unwelcome guests is owing almost always

---

\* *Monatsschrift für Ohrenheilkunde*, 1869, No. 4.

to suppuration, which, as Morgagni has said, allures insects which deposit their eggs in the place. These turn into worms of different species. They even enter the ears of healthy persons, producing more or less serious symptoms, according to the circumstances of the case.

Fabrizio Hildano tells of a peasant, who, becoming intoxicated after too copious libations, fell asleep in a field, and was rudely awakened by a pain in the right ear. He put his hand upon it suddenly and withdrew it, stained with blood. The ear in the meantime was the seat of a remarkable tingling sensation; soon afterward absolute deafness came on. After adopting, without benefit, many means of cure, Fabrizio finally succeeded by means of a *speculum* and an instrument similar to a fish hook, in extracting a species of cricket, the which was putrefied. The morbid symptoms suddenly disappeared after the operation.

Not less interesting is the case occurring to Raraton himself, which he charmingly narrates in these words: "I, myself, remember well the tormenting pain occasioned by an earwig (*fora-orecchi*, or *perce-oreille*), which introduced itself into my right auditory canal, giving rise to a bloody discharge. I remained suspended, as it were, for the space of three days, 'twixt life and death; so great was the anguish this little brute caused me. Many physicians and surgeons were consulted, who proposed one this, and one that remedy, none of which gave me any relief. I owe my recovery to goat's milk, which was injected while still tepid into my auditory canal. The insect very obligingly came out, and I soon recovered."

These kind of insects, *forficula auricularis*, are, as Rau states, much feared by vulgar people; a fear that does not appear to me to be justifiable. Linke has only noticed a single case in which their presence was discovered.

Most interesting, likewise, is the following case, referred to by Illairet, in the "*Gazette des Hopitaux*," 1860. A boy, aged four months, suffered from vomiting and convulsions, which appeared first when he was about one month old, most frequently in the daytime, and they were announced by sudden cries. The convulsive movements occurred principally on the left side; at a later period there appeared a right hemiplegia, and at the same time a discharge from the corresponding ear. After such symptoms, and while using frequent injections of water into the auditory canal, something black and dried up was seen to come out. And an in-

sect was immediately recognized, the which belonged to the family of myrapoda.

Soon after this happened, the vomiting ceased, convulsions were less frequent. The hemiplegia, little by little, lost its force, then disappeared entirely. So the boy, four months after the commencement of his trouble, perfectly recovered.

Moos, in his *Klinik der Ohrenkrankheiten*, quotes Handfield Jones, who saw hemiplegia, accompanied by cramps, arise on account of an insect which was introduced into the ear. Similar cases might be quoted in abundance. Fleas, and likewise other bugs, introduced into the auditory canal, produce symptoms more or less serious, according to the circumstances of the case.

I have spoken, up to the present time, of foreign bodies found in the ear, extracted by the physician, or coming out spontaneously. It will be useful to add, however, that it is not rare to see individuals causing a physician alarm with the design of inducing him to extract an insect, or some other foreign body, which they are firmly convinced exists in their ear, and which really does not exist at all. Any one may imagine the risks encountered by those who commit themselves to the care of ignorant persons or to a physician, who using a rash hand, with a pair of forceps, attempts to remove that which does not exist.

We read in Boyer's "*Malades Chirurgicales*," how a boy, aged about eight years, while playing with his comrades, announced to them that he should cause to vanish a small stone which he held in his hand, make it disappear, in fact, from his mouth, and come out of his ear. His companions were mean enough to say that he had introduced a stone into his ear. The master of the school ran out to scold him, and made attempts to extract the aforesaid body. The surgeon of the school was also called in, and made some imprudently useless experiments, invented by himself; all without any satisfactory result, since there was no stone there to reward their search. From these attempts there resulted an irritation of the canal, which afterward kept up a purulent discharge, with hardness of hearing. Says Boyer: "When the child was brought to me, I saw that no foreign body existed. I only proceeded to calm the irritation by ordering them to drop in the ear tepid olive oil. Two or three days afterward the pain and discharge ceased, and the little invalid was completely cured."

I will cite, finally, a case of this same kind, belonging to the practice of Troltsch. He was awakened from his bed one night,



by a servant girl, who, bewailing with tears in her eyes and anxiety depicted on her face, told him, how after supper an insect had entered her ear,\* and that her friends, with pieces of straw, had attempted to extract it. Fortunately (zum Gluck) there lived in her house a medical man, who was also requested to take part in the search with his forceps; this physician finally ascertained that the animal had been extracted; nevertheless, during the night, the patient was again attacked by acute pains, and became fully convinced of the insect's presence. Troltsch, by means of a student's lamp and a concave mirror, illuminated the ear, but was unable to find any foreign body. He found instead the canal inflamed, the membrane of the tympanum greatly congested; naturally, on account of the injury inflicted on the part.

The symptoms produced by foreign bodies in the ear differ greatly, according to circumstances, even more than I have given you to study in the particular cases which have before been briefly described.

The nature of the foreign body, its composition, physical properties, its hardness, the roughness it may present upon its surface, are all circumstances which contribute essentially to the morbid symptoms. What is more natural than that a grain of seed, a bean, a pea, etc., should produce most serious symptoms at a later epoch, when the vegetable substance commences to swell.

An insect will produce disturbances more or less observable, according to the quickness of its movements, the species to which it belongs, and, owing to its being provided or not, with a sting, mandibles, suckers or pincers. The proximity of foreign bodies to the membrane of the tympanum renders, without doubt, the symptoms more pronounced; much more still, if the bodies introduced are capable of injuring in any manner whatever the tender tissue itself. I maintain, in general, that from the subjected symptoms may be reckoned to arise deafness, ringing in the ear, great pain. To these are now and then added general symptoms, more or less striking, such as uneasiness, fever, and reflex phenomena; I will add vomiting, convulsions, and delirium, deafness more or less serious, according to the size of the foreign body. If the foreign body be entirely inclosed in the canal, it acquires a still higher degree of danger; to be superlatively dangerous, however, it must manifest symptoms of inflammation of the membrane, and

---

\*Ohrenhollerer, Parce oreille, *Forficula auricularis*, gia sopra accennata.

a more or less serious swelling of the canal may set in, notwithstanding the foreign body may not present a great volume. The intensity of the pain and reflex symptoms can not be subdued by any regular attention, since there are special cases met with at all times that assume an aspect entirely different from those we have spoken of, judged from the locality where the foreign body is found, its nature, and the lesion it has produced.

The cases before cited, will show the truthfulness of this remark. A voluminous body remaining in the ear for more than twenty years, without causing any pain, reported in one case; the presence of a hair in contact with the membrane, producing symptoms of local and reflex irritation of an extraordinary nature, in another case.

However, it is not possible to lay down an absolute law. I can, therefore, in that case only say that, in general, an immediate contact with the membrane, the rough surface of an inanimate foreign body, the biting and movements of an insect, produces pain and serious reflex symptoms, especially in subjects of a tender age.

The examination of the part offers an occasion to study, moreover, the different multiplicity of troubles which arise, according to the nature of the foreign bodies introduced, and the time at which the examination is instituted.

Sometimes a discharge of blood takes place, arising from the attempts made by the patient, bystanders, or physician, who try to extract the foreign body in question. Nevertheless, in certain cases, the lesions of the walls of the canal and also of the membrane, are due to hard irregular bodies, more or less cutting, or at least to the bite of the insect.

The purulent discharge encountered at a later epoch, when a diffuse inflammation is manifested, that is, if it did not already exist before the symptoms set in, in which case it might be exacerbated. The presence of a foreign body in the ear shows a different imaginary atoscopy in every particular case, of which the interesting narrations that I have referred to will convince the reader.

The diagnosis must not be founded upon the assertions of the patient, or of the parents; that sign alone which characterizes it is obtained by illuminating the auditory canal by the means so well known to us; without an examination of the part it is impossible to form a diagnosis; without an examination of the part it would be an unpardonable imprudence to use surgical instruments.

Nevertheless, how many are ignorant, or have forgotten, or perhaps have taken no interest, in the famous sentence of Heistero: *Chirurgus mente prius et oculo agit quam manu armata.*

The prognosis is subordinated to the age of the patient, to the graveness of the existing lesion, and to the nature, volume, or form of the foreign body.

---

### *Capillary Thoracentesis and the Aspirateurs Apparatus.*

By Dr. BLACHEZ. Translated from the French by Miss M. E. S., Cincinnati, Ohio.

Thoracentesis is at this time the order of the day. The Academy of Medicine has devoted its last meeting to the study of this question—the medical society of the hospitals occupy themselves equally with it. It is interesting to sum up the different opinions which have been produced upon this subject, and to draw out the results which appear definitely acquired.

It is one of the glories of Trousseau to have reinstated thoracentesis, to have demonstrated its harmlessness, to have made its use common. Before his time, the operation was reserved for the serious cases, where asphyxy was imminent. One expected, before using it, that the patient had exhausted all other chance; and no one would have seriously blamed the physician who, in these extreme cases, would have receded before an operation judged very dangerous. Trousseau completely changed the opinions of his contemporaries upon this subject. Thoracenteses multiplied themselves when their harmlessness was perfectly recognized; and as often as a flowing abundant enough to expose the life of the patient resisted the proper medical treatments, no one hesitated longer to puncture it. The physicians made themselves rapidly familiar with this operation, which became in some sort common. Meanwhile, whatever one may have said of it, if physicians used willingly thoracentesis, patients did not accept it generally without difficulty. This was always, especially in common practice, a real work, to which the patient did not resign himself without being convinced of its absolute necessity; and when, in consequence of a reproduction of the effusion, tapping ought to be



renewed, the resistances were sometimes unconquerable. Examples were not wanting.

It was to render thoracentesis more acceptable than one had an idea, some years ago, customary to practice it with a trocar of very small caliber, and to make it more easy to benumb the point chosen for the puncture by a spray of ether.

One could in this manner practice it upon subjects the most cowardly, and that which was perhaps more important, to renew it several times without serious resistance on the part of the patient. The idea of aspiring liquids through trocars truly capillary, and in which one can reduce the diameter to that of needles kept for subcutaneous injections, was a real progress. Whatever may be the process employed for aspiration, the idea, truly new and useful, consists in the combination of aspiration and of capillary tapping. The applications are very various—pleural or pericardiac effusions, cysts of different natures, articular serous collections, exploratory tappings, etc. There is a vast field to survey, and the explorers are not wanting.

It is only just to attribute to Dr. Dienlafoy the large share which falls to him in this question. If we do not speak at this moment of works much anterior to M. Jules Guérin, it is because they do not relate to tappings by means of capillary process, which we have now solely in view. Certain apparatus for aspiration come directly from those who employed them long since.

Physicians have been surprised at some of the advantages which we describe, and in these latter times the multiplicity of apparatus which have been proposed show that the attention was quickly directed to this point of therapeutics. At the last meeting of the Society of the Hospitals, M. Ténot proposed two ingenious apparatus, destined to easily make vacuum in a receiver, which one could put in communication with the effusion. One will find farther the complete description of the apparatus of M. Regnard—an apparatus of extreme simplicity, of a play sure and precise, which has discharged its office several times in different services, especially in those of Drs. Potain and Lorrain, that I have already several times used it myself, and which has given me some very satisfactory results.

Prof. Béhier has presented to the Academy (at a meeting, April 30) an apparatus of M. Castiaux, of which one will find equally the description in our report. This apparatus, very well constructed, of a moderate price, works well, and without complication. M.

Béhier showed at the same time some new trocars, arranged in a manner to place an obstacle to the access of air into the chest. Their principal advantage is to permit the operator to draw out the point, once the instrument is introduced. One does not leave then in the chest a needle which can wound the lung. One of these trocars, made under the direction of M. Béhier, presents an ingenious arrangement which allows for the escape or release of its mouth, if there is place.

All these apparatus have for an object the aspiration of the pleural liquid through a capillary tube. The necessary vacuum can be obtained by a simple syringe (Dienlafoy's apparatus), provided with valves for double purpose. One obtains it equally in the receivers, either by condensation of the vapor (Regnard's and Ténot's apparatus), or by means of a pneumatic pump (Castiaux apparatus). In a general way, the apparatus in which the play needs the use of syringes or of pumps in which the appendages can easily alter it, have a disadvantage over the apparatus in which one obtains the vacuum by a condensation of the vapor. The latter are more simple—much less expensive. With a few precautions, one avoids all the accidents pertaining to the expansions of vapor. The receiver can break in a moment when one heats it, like all glass vessels, but it suffices to have some to change it again. Their price is insignificant. For the country practitioner they present, therefore, some incontestable advantages; for Parisian practice, the apparatuses for pneumatic vacuum are perfectly manageable and convenient. *Apropos* to this presentation, Prof. Béhier has set off successively the multiple advantages of the new processes of thoracentesis by aspiration. We have already explained them elsewhere, and it is not without some pleasure that we see them recommended by a good word otherwise authorized. The very attenuated dimension of the trocars is already an advantage that physicians will place it in the second rank, but that patients will appreciate quite otherwise. Thanks to them, thoracentesis can become a current operation, and which will lead, we hope, to the substituting of the other processes of treatment in the liquid collections of the pleura. Thanks to aspiration, all the effusions can be emptied in this manner.

The pus, or rather the sero-pus, which constitutes the purulent effusions, run without difficulty through the finest trocars. As to

the sanguinary effusions not traumatic, and which one sees so habitually in cancerous lesions of the pleura or of the lung, one can evacuate them in the same manner, although with more difficulty. In a similar case, from another place, and once the nature of the effusion being recognized, the question of thoracentesis loses much of its importance. In case of mistake of diagnosis, the capillary tapping is inoffensive. No one would dare to assert that it is indifferent whether an ordinary trocar is plunged into a hypertrophic liver or into a solidified lung; the wound of the heart, in like case, would probably be mortal. With the capillary trocar one operates without fear; and who does not see the advantage of these processes in cases of pericardial effusions, and what security they give to physicians!

All physicians who have practiced thoracentesis by aspiration, have remarked that the violent coughs were habitually much less violent; in many cases they are void, and the chest empties itself in some manner unknown to the patient. Before the intervention of aspiration, one could attribute this result to the slowness of the drain; but to-day, with the aspirateurs, one empties the chest in ten or twelve minutes, and in the meanwhile one equally remarks the relative scarcity of violent coughs. Does this advantage hold in a greater regularity in the draining of the liquid? With the ordinary trocar, the liquid vein has more swiftness in the first moments which follow the tapping; the obstacle is carried by the expansion of the diminished lung more hastily. With the fine trocar, the lung is not surprised to the same degree; it expands more slowly. Whatever may be the explanation, the clinical fact is constant.

Let us observe, finally, that one should be satisfied with opposing the partisans of the ancient thoracentesis with this simple argument:

What advantage do you find in that process over this which one wishes to substitute for it? What inconvenience do you see in this latter? Is it not evident that it is less painful—that, thanks to it, one is made to accept more easily an operation of which all the world recognizes with you the excellent effects, and which we wish to make still more common? The new process—is it inferior to the old, and can one deny that it may be more useful and less dangerous?

Here an observation rather unexpected places itself. One describes to us a danger: “Is it not to be feared that the



thoracentesis so simplified, free from all danger, will become immoderately common? The tappings entirely inoffensive that you propose are going to multiply themselves without real indications, and perhaps against all indication, often under color of a simple control—of a verification of the diagnosis.” The partisans of thoracentesis by aspiration would not think, we believe, of arresting themselves before any considerations of this kind. The operation responds to indications well determined, which a well-informed physician can always recognize; and in doubtful cases there is perhaps for the patient more danger in abstaining than in an intervention a little hazardous, but inoffensive. A question more grave has been solved by Prof. Chauffard, relative to effusions which come unexpectedly with tubercles. M. Chauffard sees a danger with these patients in the suppression of medical treatment, powerfully repellant to the effusions. It can delay or slaken the evolution of some tubercles; in evacuating rapidly the lungs, one deprives the patient of the benefit of this treatment, and perhaps hastens on the march of tuberculosis. Thoracentesis will not provoke the explosion of phthisis, but it abolishes a treatment which could stop the march of it. We understand as far as a certain point the value of this objection, entirely contrived and founded upon the knowledge of some facts rather numerous, in which it seems that pulmonary tuberculosis slumbers in some sort under the effusion which conceals it; the resolution of the effusion coincides, then, with a recrudescence of the pulmonary compression. But in these cases, when the physician has established or only suspected the specificity of the pleurisy, nothing opposes itself to the establishment of a repellant treatment which would then attain more directly his aim. It is thus that many clinical teachers act in doubtful cases; it is the usual practice of Prof. Béhier, who thinks, in all cases, that there is all the advantage in getting clear of tubercles in a complication so serious.

This discussion upon the capillary thoracentesis is not exhausted; it is, as we have said, the order of the day at the medical society of the hospitals, and we follow it with all the care that this important point of therapeutics allows.

The *Gazette Hebdomadaire*, for its own part, brings to-day even its quota on the study of this question by publishing, besides the note of M. Regnard, a very interesting work of Dr. Le Reboullet's.

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

JAS. GRAHAM, M. D., PRES'T.

L. WOLF, M. D., SEC'Y.

## CEREBRO-SPINAL MENINGITIS.

*Dr. A. Brown* reported the following case: L. H., æt. 6 years, American. Had been in delicate health for two months, complaining of a pain in the right hip joint. Thursday, April 19th, the patient was attacked with nausea and vomiting, complaining at the same time of pain in the head and posterior cervical region. Sunday morning was apparently much better, but in the evening of the same day the nervous excitement became intense, and attended with frequent shudderings and shrill outcries. The bowels having been unmoved for thirty-six hours, an enema of assa-fœtida and ol. ricini was ordered, which had the desired effect in a short time. Ordered also bromide of potassium in 5 gr. doses every two hours. Monday morning the patient was more quiet; pulse 72, temperature 99°; hyperæsthesia well marked, and a twitching of the muscles occasionally noticed; the pupils contracted, and the tongue was readily protruded, but coated with a brownish fur; sordes on the lips and teeth; intellect sluggish. Ordered iodide and bromide of potassium, wine and beef tea, and frequent sponging with mustard water. Tuesday, same as day previous; rested part of the night; again ordered an enema, which had no effect. Wednesday, the patient was worn, making no response to questions. Opisthotonos presented itself, and the patient frequently carried her hand to the back part of the head and neck. No tenderness of abdomen; no petechia; temperature 99°, pulse 90, respiration irregular. The urine contained a slight trace of albumen. The bowels being confined, a mercurial purgative was administered. Thursday, no improvement, though bowels had been freely moved; the pupils well dilated, the right more so than the left. She was unable to protrude her tongue. Partial paralysis was rapidly supervening.

The patient remained in this condition until this morning (April 29th) at nine o'clock, when she expired.

*Dr. Carson* presented the pathological specimens of the case. The lesions in this case are not very well developed, the amount of exudation being not so great as in the specimen presented by the speaker at the last meeting. There was, however, some opacity of the arachnoid membrane, and a decided congestion of the superior and inferior surfaces of the brain. In this instance the spinal cord was not examined.

*Dr. Muscroft* stated that within the last few months he had seen several cases of brain disease which were unlike any that he had seen before. The first case was that of a girl, *æt.* 5 years. She complained of severe pain in head and back. She was partially unconscious, but intelligent when aroused. She had been attacked one day before the visit. There was a tendency to opisthotonos. Supposing this to be a disease of the brain and spinal cord, a mercurial purge, bromide of potassium, and hydrate of chloral were ordered. The case, however, terminated fatally. The second case was that of a girl, aged 9 years. Found the child vomiting. She had vomited for forty-eight hours previous to my visit. There was also a great tendency to sleep, as in the first case. I here also made but one visit, three days after which the patient expired. The third case was being treated for whooping cough. I saw the child about 8 P. M., when it was making desperate efforts to speak. There was also great disposition to extend the fingers, especially those of the right hand. The child died next morning at 2 o'clock. No post mortem was obtained. The next case reported by *Dr. Muscroft* was that of a boy, aged 14 years. He was seized by an attack while crossing the street. While so doing, he found great difficulty in controlling his muscles. When I saw him he was in a straight position in bed; the pupils of natural size, but insensible to light. There was also a twitching of the muscles of the face and some opisthotonos. He lived one day after the visit. The doctor added that all the cases of cerebro-spinal meningitis which he had seen terminated fatally.

*Dr. Orr* also reported a case of this disease. The patient was a girl one year old. The first thing noticed upon entering the room was the position of the child. There was considerable opisthotonos. The next symptom manifesting itself was paralysis of the upper and lower extremity of the right side. The child was almost constantly sleeping and its eyelids continually drooping.



Great sensitiveness along the spine, and upon the slightest pressure there, the child would scream. The pulse in this case was 148. Prescribed quin. sulph. gr. ij. and sodii. brom. gr. viij. every four hours. Ordered also mustard to be applied to the spine and cold cloths to the head. At present the child is very much improved but not yet out of danger.

*Dr. Reamy* also related two cases. The first was that of a child 16 months old. The little patient was attacked with vomiting in the night. The bowels were constipated. Pulse very rapid; there was a marked tendency to opisthotonos, the head being constantly thrown backward; the muscles, however, were not rigid. There was also a disposition to convulsions. Ordered potas. brom. gr. viij. every two hours, after which potas. iod. and quinia were administered. The child made a good recovery.

The second case was also attacked by vomiting. The pulse rate was very rapid, and breathing rather difficult. Gave potas. bromid. gr. viij. every two hours. The subsequent treatment was similar to that given in the first case reported. This patient also recovered.

*Dr. Gobrecht* stated that at present he had under his charge a case which at first he thought to be one of cerebro-spinal meningitis, but which turned out to be one of an entirely different nature. The patient was a boy seven years old. When first seen he was very stupid and entirely insensible. Head and skin were hot and dry; the pupils were neither dilated nor contracted, but insensible to light. The pulse rate was 140 per minute. Slight tendency to opisthotonos also manifested itself. Supposing this to be a case of the disease under consideration, I put the child upon hydrarg. chlor. mit. gr.  $\frac{1}{4}$  every two hours, and ordered ice cloths to be applied to the head. Saw the child again at 8 p. m., when it had a general spasmodic action. Then ordered a warm bath and half teaspoonful of black assafœtida. The next morning the boy was able to recognize his parents, but upon close inspection a fine varicoid eruption was seen on the body. The preliminary symptoms certainly resembled those of cerebro-spinal meningitis.

*Dr. Comegys* stated that he had no case to report, but that he had an opportunity of seeing numerous cases of this disease in the epidemic which prevailed in and about Oxford several years ago. He spoke of the great value of opium in these cases, and expressed his intention of treating all those cases which might come under

his care, by the use of morphia hypodermically. He also considered ice bags applied to the spine of the greatest efficacy.

*Dr. Carson* reports as follows: Within the last two days I was called to see a child in a very serious condition. The child had been vomiting profusely. It was quite intelligent and denied having any headache. Took the hazard of diagnosing this case one of stomach trouble and treated it accordingly. Next morning the patient was improved. I was informed by the mother that it had cried out, and complained of violent pain in the head. I then put the child upon bromide of potassium. The next morning I found it nervous and occasionally starting out of bed, but no further vomiting. At present I have placed it upon the opium treatment. As yet in this case I do not risk a diagnosis. I also saw a boy (æt. 8 years) last Thursday, who had been taken suddenly with a very violent headache. The principal symptom of this case was the behavior of the patient. He would frequently become maniacal, and then he would attack the male members of the family only. There was no rigidity of the muscles and no tenderness along the spine. There was no vomiting and the pulse was 50 or 60.

I saw another boy in the same locality. This patient's symptoms were somewhat similar to those related of the preceding case. There was the same reduction in the pulse rate, and there were also occasional paroxysms of laughing.

I have at present another case, in my ward at the Hospital. The patient is a vigorous young man, aged 18. In this instance there is well-marked rigidity, the skin is hot and the temperature 100°-102°. In this patient no brain symptoms have developed, the intellect being clear. At present the symptoms look more favorable. This case is one of very slow development.

*Dr. Graham* made a statement concerning the case he had reported at the previous meeting to the effect that the untoward symptoms had subsequently subsided, and the child was now out of danger.

*Dr. Whittaker* read a short compilation of the history of epidemic cerebro-spinal meningitis.

*Dr. Rosenfelt* reserves a report upon four cases now in his care until results have manifested.

*Dr. Walker* reported a case of confluent small-pox after vaccination, and *Dr. Carson* presented a patient with well-marked progressive muscular atrophy.

*Dr. Thornton* reported two cases of cerebro-spinal meningitis. He saw both for the first time Friday, April 26th. The first case was that of a child, *æt.* 2 years. It had been seized by a convulsion on the night preceding the first visit. On the following day it was attacked by severe vomiting, spells of which alternated with convulsion. The head was thrown back, but the muscles were not rigid. The temperature in this case varied from  $100^{\circ}$ – $100\frac{1}{2}^{\circ}$ . Pulse 100. Applied one leech behind each ear, which seemed to prevent the recurrence of the convulsive paroxysms. Ordered a mercurial purge, which was followed by potas. iodidum. Also applied ice bags to the posterior part of the head and neck. Under this treatment the patient was apparently improving, being quite conscious, and the intellect remaining unimpaired. Convalescence was apparent until yesterday (May 5th), when the child was again seized by a convulsion. To-day both pupils were dilated, and the patient was in a semi-conscious condition. No petechiæ present. The second case was that of a girl, *æt.* 6 years. Some of the family having had intermittent fever, the disease was supposed to be of malarial complication, and was treated accordingly. The patient, however, soon complained of severe headache, and extreme tenderness in the posterior part of the head. There was also some rigidity of the muscles of the neck. As in the first case, ordered a mercurial purge and applied leeches (four), and ice bags to the head. An apparent improvement was manifest until last Saturday night, when the severity of the symptoms increased. She complained of severe headache, and there was a decided tendency to opisthotonos. No petechiæ were observed. Prognosis unfavorable. Ordered quin. sulph. and potas. iod., and ice bags to the head and neck.

*Dr. Reamy* presented a specimen which was removed from a patient under the care of a medical friend. The patient was a robust man, *æt.* 21.

April 26. Found him in a stupid and delirious condition, from which he was with difficulty roused. Complained of intense cephalalgia and unquenchable thirst. Opisthotonos well marked. There was manifestly a partial paralysis of the lower extremities. The pupils were dilated and insensible to light. Respirations 48, pulse 50 per minute. Great irritability of the stomach and obstinate constipation. Cold clammy perspiration covered the body and petechiæ were visible. Ordered ol. tiglii,



gtt. ss. every hour until an operation from the bowels was procured. Ordered also quin. sulph. gr. iij. and hydrarg. chlor. mit. gr. ij. every three hours. Several hours later applied a cantharidal plaster to abdomen, continuing the ol. tigl ii and administering full doses of bromide of potassium.

April 27. Vomiting ceased and other symptoms indicate an improvement. Body warm and perspiration profuse. Respiration 40, pulse 80. One stool. Blister effectual. Continued full doses of bromide of potassium and citrate of magnesia. 5. p. m. Symptoms worse. No stool. Resumed ol. tiglii and ordered beef tea.

April 28. No stool and no further vomiting. Respiration 48, pulse 140. Pupils contracted; skin dry and hot. Delirium greatly increased.

April 29. The symptoms being the same as those of the previous day, the same treatment was continued.

April 30. The patient died, having had increased delirium up to within five minutes of death.

Dr. Reamy called the attention of the Academy to the great discrepancy between the pulse rate and the frequency of the respiration; as to the accuracy of the observations there could be no question. He then presented the cerebellum and the superior portion of the spinal cord. A superficial congestion was everywhere noticeable. The anterior subarachnoid space and the fourth ventricle contained a considerable quantity of a muco-purulent deposit. The vessels of the pia mater were also deeply congested. The meninges of the brain were injected, while those of the spinal cord presented a normal condition. The substance of the brain and cord was normal.

Dr. Muscroft spoke of two cases which had occurred in his practice, the symptoms of which closely resembled those of cerebro-spinal meningitis. He then spoke of the various and different pathological conditions found in different cases.

Dr. C. O. Wright reported the case of a boy ten years old, whom he found in a semi-conscious condition, and bathed in a cold, clammy perspiration. Pulse 104. The antecedent history, as given by the mother, was very incomplete. The child had been unwell for one week previous to the first visit, and had been subject to temporary and slight attacks of torticollis. The patient was put upon a febrifuge mixture. Six hours after the first visit the pulse was reduced to 86, but the cold perspiration still persisted. A marked rigidity of the muscles of the jaw was also

manifest. On the second day of attendance the pulse was 120; the pupils were dilated, and there was increased rigidity of the muscles of the lower jaw. Slight tendency to opisthotonos. The bowels having been unmoved for two days, pil. cathart. comp. were ordered, together with injections per rectum. On the evening of this day the child expired. The speaker then referred to the congestion of the encephalon and spinal marrow as the principal pathological lesion in these cases, and concluded by questioning as to the *modus operandi* and efficacy of quinia and opium in these and analogous cases.

Dr. Bartholow, in answer to this question, remarked that the value of quinine in these and allied cases was due to its peculiar properties as a therapeutic agent. One of these properties is its power to prevent the migration of the white blood corpuscle through their vessel-walls, and another is to prevent their multiplication after their migration. It is also supposed to be capable of preventing a multiplication or hyperplasia of the cellular element of an inflamed tissue. These discoveries we owe to the researches of Prof. Binz, of Bonn. Quinia, by acting upon and causing a contraction of the inorganic muscular fibers of the arterioles, produces an anæmia of the brain and spinal cord by the diminution of the blood supply to these parts. The proof of this anæmia is the marked pallor and the tinnitus aurium which follow the prolonged use of this agent. The speaker then referred to the discovery of Burton Sanderson, which elucidated the power of quinine to prevent the generation of minute organisms as the bacteria. He remarked further concerning the discharge from a wound not virulent, that when injected into the peritoneal cavity of animals, and allowed to remain there, it becomes exceedingly virulent, producing when injected into other animals a rapidly fatal issue, or giving rise to pyæmia or acute tuberculism. The doctor concluded with the remark that he had simply given the general *modus operandi* of quinia, and that he intimated nothing as to the value of the agent in the disease under consideration.

Dr. M. B. Wright stated that the remarks of Dr. B. were the component elements of a very finely-spun theory, but that they were deficient in practical value as to the treatment of this disease. He remarked further that all the cases which had come under his notice very speedily terminated fatally. Referring to a recent epidemic of this malady in Peoria, Illinois, the speaker observed that

quinia received a fair trial, but its administration was followed only by negative results.

*Dr. Muscroft* remarked that opium was very highly lauded in cases of cerebro-spinal meningitis by *Dr. Wood*, of Philadelphia, and *Dr. Comegys*. The latter had given it with very good success in an epidemic which prevailed at Oxford several years ago.

*Dr. Reamy* inquired in what stage of the epidemics opium was given, thinking that the good success ascribed to the use of opium might have been due to a natural decline in the malignancy of the epidemic. He then recalled ten cases which had occurred in a previous epidemic, and all of which terminated fatally, resisting all treatment.

#### AORTIC VALVULAR DISEASE.

*Dr. Buckner* presented a specimen removed from a female aged forty-five years. She was subject to rheumatic complaints, and had had an attack of acute peritonitis some years ago. Some days since the speaker was called to the patient, who was suffering from a very severe attack of colic. Ordered the inhalation of chloroform and the administration of an opium and camphor mixture. The severity of the attack was relieved only by death, which occurred suddenly on the day following the first visit. The colic was owing probably to the irritation and inflammation produced by some indigestible food which had been ingested. The autopsy revealed great distension of the abdomen, and the intestines, with the exception of twelve inches of the ileum, were greatly distended by gas. Evidences of recent and chronic peritonitis were presented in several adhesive bands which were connected with the parietes of the abdominal cavity. The uterus was bound to the rectum by some of these bands, and a large cyst was found in connection with that organ. The intestines were very much congested. The most interesting features of the case were present in the heart. The right side was filled with clotted blood. The aortic valve was greatly thickened, and was hardened by calcareous deposits. Some of these hardened masses were also found upon the chordæ tendineæ of the left side.

*Dr. Graham* observed that it is rare to find a valvular disease of the heart terminating in the sudden death of the patient; notwithstanding that this was the belief of the laity in these cases, there is a far greater tendency to a gradual decline than to a sudden death.

*Dr. Carson* remarked that the aortic valvular troubles are more



likely to terminate suddenly than disease of the mitral valves. He thought that in the case related by Dr. B. the lesion of the aortic valve was sufficiently serious to account for the sudden death of the patient.

#### INTRA-UTERINE MEDICATION.

*Dr. Palmer* presented to the Academy a comparatively new method of intra-uterine medication by means of linen or cloth tents. The attention of the speaker was called to this method by the investigations of *Dr. Taliaferro*, of Columbus. The tents are made from strips of linen four-sixths of an inch long and one and one-half inches wide. Although very flexible, they are very easily introduced to the os internum, or even to the fundus uteri. Before their introduction, they are saturated with some medicated agents, such as the tinct. iodine or carbolic acid. By means of these tents a triple object could be obtained, namely: 1. Dilatation; 2. Pressure upon the hypertrophied tissues; 3. A constant contact of the agent with the diseased surface.

Hereupon an animated discussion as to the value of these tents followed, which closed the transactions of the evening.

---

*The Formation of Glycogen in the Liver.*—Some years ago *Dähnhardt* removed the glycogen from numerous livers, and then found that, by the action of gently oxidizing substances, glycogen could be obtained, which, by the action of saliva, was again convertible into sugar. In other words, he maintained that there was or might be a *post-mortem* formation of glycogen. *Dr. Luchsinger* has lately repeated these experiments in *Kühne's Laboratory* with a different result. He thinks that *Dähnhardt* did not entirely remove the glycogen originally present, and that if this were thoroughly and completely extracted by rapid division of the organ after death, and boiling the pulp in successive quantities of water till all opalescence had ceased to appear, no further formation of that substance would occur.

## Correspondence.

YELLOW SPRINGS, O., July, 1872.

*Dr. Stevens:* While convalescing from severe illness here, under the care of my professional friends, the Drs. Thorn (uncle and nephew), I have thought a brief communication to you and your readers, giving some practical suggestions from experience, might not be unacceptable. Should I fully recover from the malady which has given me much suffering for many months past, it is my intention to give you in detail some account of the history and pathology of the disease with which I have been so sorely afflicted. But my purpose at the present moment is to direct attention to a little practical medicine; to one or two remedial agents of much value, which we are all daily using more or less in practice. I refer to the *tincture of iodine*—simple and compound.

In the different medical journals, as well of Europe as America, we often read that Schneider, of Germany, or Tukey, of England, or Schiffilin, of some other country, or some American physician or surgeon, had administered or applied and cured, or failed to cure, obstinate vomiting and salivation after fever, and other affections, both local and general, with "tincture of iodine;" but with which one of the tinctures of iodine they do not state, as I never see the distinction made by writers, and consequently can never tell which tincture they mean. It seems always to be hinted, and always spoken by physicians, "tincture of iodine." Now, it seems to me not wholly unimportant that this distinction should be made at all times, that readers may learn what part each ingredient of the remedy plays in the cure, or retards, perhaps prevents it. The simple tincture of iodine is made by the action of alcohol on the metal iodinii. The compound tincture of iodine is made by the addition of iodide of potash to the simple tincture. Here we have two different and distinct remedial agents. The therapy is as different as the bromide of potash and the bromide of ammonia. The compound tincture of iodine is more essentially a constitutional remedy than the simple tincture, as every one will readily admit, acting with decided effect upon the glandular system, and upon both the serous and mucous membranes. I have prescribed it internally and externally for many years for indu-

rated and enlarged glands and tumors, with more decidedly beneficial results than any other remedy in this class of maladies.

But we often see reports of the treatment of bronchocele and other glandular diseases and membranes by the "tincture of iodine," and I always ask myself, "which tincture is meant?"—for no one ever says or publishes other than the tincture. Following the reports, always invariably, is the announcement that the remedy failed; then I conclude at once that the simple tincture was used, for my faith is so great in the compound tincture when persistently used with the proper amount of iodide of potash, even in goitre, externally and internally, with special attention to diet, pure air night and day, and plenty of it, as well as of exercise, that I believe it will cure eighty per cent. I often vary the amount of iodide of potash when prescribing, from the officinal formula, to meet the therapeutical indications of the case. When administering it internally, I give from ten to thirty drops of the compound tincture three times daily, *i. e.* in ordinary cases. Have so taken it myself for gastric disease; glycerine being, perhaps, the best vehicle, and next to this a pure simple sirup. The liability to precipitation in the stomach is slight; but when it is required to administer it internally for any considerable length of time, the iodide of potash in the proportion of from one to two scruples, or even a drachm to each fluid ounce of the simple or officinal compound tincture, may be added to prevent precipitation of the metal. The officinal strength of the compound tincture is only three grains added to the simple tincture per ounce. Fear on the part of physicians in the administration of iodine internally, on account of precipitation, is groundless as we have seen, for the iodide of potash is the antidote or prophylactic.

It may be given in scrofulous tumors, hydrocele (injected into the sac), ovarian dropsy, ascites, empyema, used with caution, diluted with double its volume of water, and in some cases it may be required to dilute with ten times its bulk of water or some demulcent liquid. Also, in cutaneous and subcutaneous affections, in erysipelas surrounded with a border, etc.

But my object in the beginning was only to direct attention more particularly to the carelessness or thoughtlessness of physicians in writing and prescribing almost invariably of the *tincture of iodine*, and so writing and prescribing without designating *which* tincture, or what pathological indications for one or the other, being as different as the difference between any other two remedial agents.

R. H. J.



## Editorial.

*Cundurango once more.*—Having, in the outset, recorded our opinion of cundurango as a remedy for cancer, we have been contented to watch the progress of the fraud without further note or comment. It will be remembered, however, that one of the first efforts to lend repute to the medicine was the announcement and certificate of the cure of Mrs. Matthews, Vice-President Colfax's mother. We never were one of those who supposed that Mr. Colfax could, for a moment, lend himself willingly or knowingly to a deception. He was, we charitably think, himself deceived. But how intelligent people can be so completely misled to aid charlatanism passes comprehension. So far as cundurango is concerned, we suppose it has about run its race, but probably has made certain parties sufficient pelf to satisfy them for their loss of good repute. The latest item is a recent telegram personal :

"SOUTH BEND, IND., Aug. 11.—Mrs. Matthews, mother of Vice-President Colfax, died this afternoon of cancer."

*Prof. Parvin.*—The University of Louisville suffers a material loss in the retirement of this well-known teacher. Dr. Parvin is a man of varied culture, both general and professional, and brings to the duties of teaching great enthusiasm. This withdrawal from professorial duties may greatly benefit his private practice, but we mistake if so accomplished a lecturer will be suffered to remain in retirement.

*Prof. Mendenhall* has gone on a professional tour to Europe, thus carrying out a cherished purpose which he has long contemplated. It is not true, however, as stated in some of the papers, that he has retired from the profession. He will probably remain abroad six months or a year, and on his return resume his labors as heretofore. The course on Obstetrics in the Miami Medical College, this winter, will be given by Prof. Taylor.

*Hospital Staff.*—Our attention has been called to an omission in the list, as furnished in the last number of this journal, of the name of Dr. John White, one of the consulting physicians on the staff of the Cincinnati Hospital.

*Medical Teaching.*—The season for medical classes is at hand, and already students begin to assemble in our city, the prospect being that a very large number will be with us this winter. Cincinnati is naturally a very desirable point for medical teaching; for half a century its physicians have been recognized as prominent throughout the country; and to-day we think no city of its size has so many well-cultivated teachers. No city that we know of has better clinical facilities, and the graduates of our schools, all over the country, take rank as careful, reliable practitioners. It is no wonder, then, that the classes are steadily increasing in numbers from year to year, and we do not doubt this state of things will continue, if we continue, as a city, to afford such facilities.

*Dr. John Bell* died in Philadelphia recently. Dr. Bell was well and favorably known throughout the country, more especially as a contributor to medical literature. He was editor at one time of a medical journal in Philadelphia; was one of the authors of "Stokes & Bell's Practice," regarded as one of the best works of that time; and has published some other works of value. He was elected to the Chair of Theory and Practice in the Medical College of Ohio many years, but only filled the duties during one session.

*Advertisements.*—Readers will always do well to consult the advertising department from time to time. Just now those who contemplate attending lectures this winter will find the cards of the schools of interest. This reminds us to say that by an oversight the card of the Bellevue Hospital College of New York was omitted last issue; also, that of the Cincinnati College of Pharmacy.

The following card from Dr. Billings sufficiently explains itself. We call especial attention to it by our older physicians, many of whom have piled away in closets and shelves some of these old journals, now useless to them, but which would be preserved and prove valuable at the army library collection:

*Wanted*—to complete files of American Medical Journals in the Library of the Surgeon-General's office:

1. The Ohio Medical Repository, edited by Guy W. Wright, Cincinnati, Ohio, 1826. Want all or any part of it. Also, wanted all or any part of a journal of the same name published about 1836.

2. The Transylvania Journal of Medicine, edited by L. P. Yandell. Wanted, vol. 10; Nos. 1, 3, 4, of vol. 11; Nos. 2, 3, 4, vol. 12.

3. The Transylvania Medical Journal, edited by Dudley & Frazee. Want No. 6, vol. 1 (1849, 1850); Nos. 1, 2, 3, 6, vol. 2; Nos. 2 to 9, 14, 19, 20, 21, 23, 24, vol. 1, new series; No. 8, vol. 2, new series.

4. Kentucky Medical Recorder. Want Nos. 8, 9, 11, 12, of vol. 1 (1853-4), and all after vol. 1.

5. Louisville Medical Gazette, edited by Frazee. Want Nos. 3, 5, 6, 8, of vol. 1 (1859), and all after No. 8.

6. Western Journal of Medicine and Surgery, edited by Drs. Drake and Yandell. Want Nos. 3, 4, vol. 4 (1841); No. 1, vol. 7 (1843); No. 4, vol. 2, second series (1844). Third series, want No. 1, vol. 1 (1848); Nos. 2, 4, 5, vol. 4; No. 4, vol. 6; vols. 7, 8, 9, entire; No. 6, vol. 10; No. 5, vol. 11; vol. 12 entire. New series, want Nos. 1 to 6, vol. 2; Nos. 3, 4, vol. 3; Nos. 1 to 6, 12, vol. 4, and all after vol. 4 (1856).

7. Nashville Journal of Medicine and Surgery. Want vol. 3 (1852); Nos. 2, 5, vol. 4; No. 5, vol. 5; Nos. 1, 2, 3, vol. 6; vol. 21 entire.

8. Western Medical Gazette, edited by Eberle, Mitchell, and others, semi-monthly. Want Nos. 1 to 4, 8, 9, 11, 12, 14, 15, 18, 19, 20, 21, 22, vol. 1; Nos. 4, 5, 6, 8, 11, and all subsequent of vol. 2, and all volumes following.

9. Western Medico-Chirurgical Journal, edited by J. F. Sanford, bi-monthly, Keokuk, Iowa. Want all except No. 11 of vol. 2 (July, 1853).

10. Western, Southern and Medical Recorder, by J. Conquest Cross, monthly, Lexington, Kentucky. Want all except Nos. 1, 4, 10, of vol. 1 (1841-2).

11. Indiana Medical Journal, by W. H. Byford and H. Ronalds, quarterly. Want all or any part of it.

12. Indiana Scalpel, by G. O. Glavis, Princeton, Indiana. Want all except No. 1, vol. 2 (1860).

13. East Tennessee Record of Medicine and Surgery, by F. A. Ramsay, Knoxville, Tennessee. Commenced about 1852. Want all.

*Dr. A. J. Stone* has transferred the *North-Western Medical and Surgical Journal* to Drs. Hand & Kimball. We part company from Dr. Stone with regret. His brief editorial career has been useful and honorable. We accept his successors with hopes that they will preserve the repute of the *North-Western*.



*Half Yearly Compendium.* Part X. July, 1872. Conducted by Dr. S. W. Butler, of Philadelphia. Price, \$3 a year.

*Braithwaite's Retrospect.* Part LXV. July, 1872. Published by W. A. Townsend, New York. Price, \$2.50 a year.

*Half Yearly Abstract.* July, 1872. By Henry C. Lea, Philadelphia. Price, \$2.50 a year.

These several well-known publications are at hand, and as usual filled with the cream of the medical journals of the past six months.

*Transactions of the State Medical Society of Michigan for 1872.*—This society held its sixth annual meeting in Grand Rapids, June 12th, and we are under obligations to the secretary for a copy of the Transactions. The papers and discussions as reported exhibit a vigorous condition of the society, which will exert its influence upon the profession of the Northwest.

*Advertising Specialists.*—The Michigan State Medical Society has adopted a resolution favoring the insertion of the advertisement of the cards of physicians and specialists in the secular papers. Although nothing more is allowed than the mention of the name, specialty, and office address, we fail to see how the public can, in the majority of instances, draw the line between legitimate medicine and quackery. This provision is evidently for the benefit of the specialists in the State, and especially for such as have not proved their competency to their legitimate judges—the profession at large. Physicians, as a class, are discriminative enough to judge whether or not a specialist, so-called, is to be trusted with their patients, and sensible patients are very apt to ask their family medical advisers before consulting strangers. It is by such recommendations that specialism has thriven, and competent practitioners in any particular branch have never wanted patients when they have proved themselves worthy of them. If a specialist wishes to advertise himself as such, let him convince the profession of his qualifications by suitable contributions to medical journals, and by original investigations in his particular branch. If we step aside from this rule and indorse such brazen individuals who can advertise themselves in no other way than by the insertion of their cards in the medical journals or secular papers, we rob legitimate specialism of its well-deserved laurels, and encourage every misguided and presumptuous pretender who may desire to trade upon our charity, or upon the public's credulity.—*Boston Medical and Surgical Journal.*

## Reviews and Notices.

*A System of Surgery—Pathological, Diagnostic, Therapeutic, and Operative.* By SAMUEL D. GROSS, M. D., LL. D., D. C. L. Oxon., Professor of Surgery in the Jefferson Medical College of Philadelphia, etc. Fifth edition, greatly enlarged and thoroughly revised. 2 vols. Philadelphia: Henry C. Lea, 1872.

The two magnificent volumes before us afford a very complete view of the surgical knowledge of the day. Some years ago we had the pleasure of presenting the first edition of Gross' Surgery to the profession as a work of unrivaled excellence; and now we have the result of years of experience, labor, and study all condensed upon the great work before us. And to students or practitioners desirous of enriching their surgical library with a treasure of reference, we can simply commend the purchase of these two volumes of immense research.

It is scarcely of moment to attempt any review or analysis of Dr. Gross' work; its plan is, of course, essentially that of surgical authors in general, and sufficiently and completely embraces the whole field of surgical science and literature. As compared with the former editions, the present is almost a complete revision, giving the mature views of the author, and entirely rewriting many of the chapters of the previous edition, so that we have presented to us essentially a fresh work, up to the current experience of surgeons.

The work is elegantly printed; the illustrations are excellent, and all the work of the publisher is satisfactory and attractive.

For sale by Robert Clarke & Co. Price, \$15.

*A Year Book of Therapeutics, Pharmacy, and Allied Sciences.* Edited by HORATIO C. WOOD, JR., M. D., Professor Medical Botany, etc. New York: Wm. Wood & Co., 1872.

The volume before us contains a resume of all the recent contributions to its various departments, and will be found a convenient work of reference alike to the student and practitioner. To the practitioner especially, who is in search of the most recent experience in therapeutic measures, this will be found very convenient, and exhibit at a glance the views of practitioners every-

where, and the formulæ found advisable for the administration of many remedies, both old and recent.

For sale by Robert Clarke & Co. Price, \$2.50.

*The Ten Laws of Health; or, How Disease is produced and can be prevented.* By J. R. BLACK, M. D. Philadelphia: J. B. Lippincott & Co., 1872.

Our friend, Dr. Black, has done a good work in the undertaking he has completed in the monograph before us, and we thank him very much in behalf of the profession he has so well represented. The volume before us contains several chapters. The first is devoted to a knowledge of disease, and the reason why physicians are the best judges of these matters. Then we have the several laws, such as the necessity and arrangements for pure air; various suggestions about pure food and drink. Then we have very wholesome suggestions in regard to the exercise that individuals should enter upon. Clothing, of course, is part of the regulation and is not to be neglected. A variety of other points are embraced in the small volume before us, some of which pertain to the most intricate affairs of domestic life; and whether their consideration becomes proper in these questions, we feel quite unsettled. Still, Dr. Black has discussed these sexual points with care and modesty. Therefore, we commend the book to the careful reading of our friends.

For sale by Robert Clarke & Co. Price, \$1.75.

*History of Medicine from the earliest Ages to the Commencement of the Nineteenth Century.* By ROBLEY DUNGLISON, M. D., LL. D., etc. Arranged and edited by Richard J. Dunglison, M. D. Philadelphia: Lindsay & Blakiston, 1872.

The volume before us is made up of a series of lectures by Prof. Dunglison, while connected with the University of Virginia many years ago. These lectures have been duly compiled and edited by his son, and now constitute one very complete volume on the matters pertaining to the history of ancient medicine.

With the scholarship of Prof. Dunglison, we may very readily understand what would be the nature of this contribution to medicine. We have embraced in the series more than twenty lectures or chapters devoted to these topics of ancient medical history. Our friends interested in the lore of ancient medicine will do well to read this book, in which they will find many curious things,



not merely as to the progress of medicine, but as to usages, remedies, and customs in the past.

For sale by Robert Clarke & Co. Price, \$2.50.

*Hysterology.* A Treatise, descriptive and clinical, on the Diseases and the Displacements of the Uterus. By E. N. CHAPMAN, A. M., M. D., etc. New York: Wm. Wood & Co., 1872.

The term "*hysterology*" has been selected by the author of the book before us in preference to *gynecology*, as more expressive of a treatise descriptive of uterine diseases. The most apparent feature of the book is its clinical character; this, indeed, imparting to it its especial excellency, as compared with other works on the same general field. While connected with the Long Island College Hospital, Prof. Chapman had very complete opportunities to cultivate and teach clinical midwifery; and this book appears to be the result of his clinical observations on the one hand, and his didactic lectures on the other, the text being continuously illustrated by the cases in point. The illustrations are very good, and the general work of the publisher excellent. Dr. Chapman's book will make a desirable addition to our authorities in the study of diseases peculiar to women.

For sale by Robert Clarke & Co.

*Autumnal Catarrh (Hay Fever).* With three Maps. By MORRILL WYMAN, M. D., late Hersey Professor adjunct of Theory and Practice of Medicine in Harvard University. New York: Hurd & Houghton, 1872.

The little volume before us appears very timely to interest a good many sufferers at this time of the year. The author, being himself a subject of the disease, naturally enters upon its study with peculiar interest, and in this little monograph has collected about all there is of importance pertaining to its nature, peculiarities, and what there is of treatment. Dr. Wyman agrees with most who have studied hay fever, that when the predisposition is once developed in the system, its recurring attacks continue through life. Remedial agents are of no value or influence. Diet, clothing, and the like have their influence, but are only comparative. Particular localities seem alone to confer any immunity or relief, and why these geographical influences should exist is very difficult of solution. We have all these curious features of the fever pointed out, and several maps are incorporated, showing the localities whither the patient may resort with probability of prevention of the anticipated attack or its relief.

For sale by George E. Stevens. Price, \$2.25.

THE CINCINNATI  
LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—OCTOBER, 1872—No. 10.

---

Original Communications.

*Art. I.—Psoas Abscess—Treatment of, with Sulphurous Acid.*

By HENRY MANFRED, M. D., Cincinnati, late Surgeon Twenty-second Regiment Kentucky Volunteers.

The medical world in every age brings to light new discoveries and increased appliances for the use and healing of mankind; these discoveries are often forced upon physicians by the painful emergencies of the hour, and drive them from the beaten track into new and untried paths, which oftentimes, perhaps, end in disappointment, but sometimes result in new and unexpected success. By such means, men often unconsciously become discoverers. Our generation has witnessed the introduction of chloroform and sulphuric ether as anæsthetics, which have robbed surgery of many of its horrors, and still later of carbolic acid and its allies (the sulpho-carbolates) which have enabled the practitioner to treat with success and satisfaction many injuries and diseases that had heretofore too often bid defiance to all known remedies, even when administered with well directed judgment and skill.

*Sulphurous acid* has long been used by wine manufacturers to sweeten old and fusty wine barrels, which are thereby rendered instantaneously as sweet and wholesome as new ones; and the

method of burning sulphur, thereby forming sulphurous acid, is known to many medical men as the best means of disinfecting bed-clothes, rooms, and wearing apparel, in cases of malignant variola; this is a method which I have always found so effective, that I rarely use any other disinfectant. But the credit of first introducing SULPHUROUS ACID, as a remedial agent in *incised wounds* and *ill-conditioned ulcers* is rightfully due to Dr. James Dewar, *Kirkcaldy, Scotland*, who is the author of two excellent suggestive papers upon *Sulphurous Acid Fumigation*, Braithwaite's *Retrospect*, 1868, page 33, vol. 56; and again upon *Sulphurous Acid* as applied to *Wounds and Sores*, page 127, vol. 56, of the same year. The published reports of his cases, in 1868, induced me to make similar experiments, and with the most satisfactory and oftentimes astonishing results, in incised, contused, and lacerated wounds; in follicular laryngitis (clergyman's sore throat). Prof. Syme also gives a case in which he used the acid as a primary dressing to a severe wound, and was greatly surprised, at his second visit, to find it in such a remarkable state of forwardness. I can fully corroborate all that Dr. Dewar has said about it, and more too. It has, undoubtedly, *unrivalled disinfecting power, far superior to carbolic acid*. It is not like the former, a powerful irritant; besides, being altogether free from its disgusting and penetrating smell. But the most remarkable characteristic of this acid is its *antagonism to pus*, the great bugbear of surgeons, and its use enables them to bid defiance to its destructive ravages, which have heretofore slain so many millions, both in military and civil life. My success in these cases induced me to extend its use to others not before thought of. In 1868, soon after reading the papers referred to, I was called to see a little girl, four years old, who had been under the care of another doctor, and was suffering from symptoms resembling *caxalgia*. She had been affected with a scrofulous discharge from the ear, for two years, which had suddenly disappeared, and was just recovering from an attack of pneumonia, when these phenomena presented themselves. The little patient, who was a most engaging, interesting child, complained constantly of severe pain in the left hip and leg, which she kept constantly flexed, and would scream out at the slightest attempt being made to straighten the limb. The child had lost both health and strength, and was suffering from irritative fever, accompanied with great restlessness. She was placed upon iron tonics, with a liberal diet, to improve her circulation, and recruit her waning



powers. After an interval of ten days, a lumbar abscess on a line with the last lumbar vertebræ of the left side, declared itself. I opened the abscess early, according to the Liston method, using carbolic acid freely, when nearly half a pint of ill-conditioned pus flowed out, rendering the room very offensive. The abscess was carefully closed and a small tent inserted to obviate the second use of the knife. The discharge of pus continued the following, next, and succeeding days bad as as ever. I used ferri mur. dil. carbolic lotion, Condyl's fluid, chloride zinc, sulphate of zinc. The cavity of the abscess was injected with these astringents, successively used, each and all in their turn, to be exchanged for others when found inefficient. Sometimes I thought that I had at last got the right remedy, which would control the pus secreting surface, but at my next visit the discharge flowed more copiously than ever; the vital powers were ebbing fast from this continued drain which had lasted some weeks, and if not stopped the patient must soon sink beyond recall. Whenever I had closed the wound with plaster and bandages, in order to procure adhesion of its walls, irritative fever, loss of appetite, and restless nights from absorption of the poisonous secretions; upon opening it again, these ceased, but the large daily drain that followed would certainly and speedily kill my little patient. I found myself placed between Scylla and Charybdis. Death appeared near and certain; threatened on the one side from the absorption of the poisonous *materies morbi*, and upon the other from the asthenia and exhaustion, which would certainly result if it was allowed to drain away. The second evil was perhaps the least; but both were bad enough. Sulphurous acid had often before stood my firm friend when in need, and I determined to try it now. I was not, at that time, acquainted with its *great sanitive* power, as I am now, and resorted to its use not without some misgiving as to the final issue. But something had to be done, and that speedily. I injected the cavity thoroughly with the acid, and was gratified to find that the discharge had materially lessened; by the following day, and after three days, had almost entirely ceased; the abscess gradually closed by granulation, the patient rallied, and in less than a month had quite recovered, and is now in perfect health. The result exceeded my most sanguine expectations, and quite astonished the family and neighborhood, who had regarded the case as irretrievably hopeless. The case had lasted five months. Four years have now elapsed and the child's health continues excellent.

Nor is there now the slightest deformity or shortening of the limb to be seen. I have since used sulphurous acid in *confluent* and *simple variola*, in *scarlatina*, in *typhoid fever*, in *multiple abscess*, in *adynamic fevers*, and in those cases of blood poisoning where the secretions are offensive, the vital powers declining, accompanied with a general tendency to putrescency and decay. In variola, I generally prescribe half a drachm of the acid diluted with water, three or four times a day, and apply it also locally to the pharynx, by means of a gargle or atomizer. Under its use the offensive odor, so peculiar to this disease, is greatly lessened or disappears altogether, and the irritability and heat of the suppurating surface, greatly diminished, affording much relief to the patient. In the bowel lesion of typhoid fever, the writer has found its internal use highly beneficial; it lessens the acidity of the discharge, which it disinfects, thereby preventing its poisonous absorption, while it promotes the healing of the ulcers themselves, very much in the same manner as when applied externally to wounds; in short, its unrivaled sanative power in such cases as have been mentioned, may be summed up in three words—*Tuto cito et jucunde*.

---

### Art. II.—A Singular Case.

Reported by J. N. ROBINSON, M. D.

Mr. Andrew Haight, of Sharon, Medina county, Ohio, had been complaining for some time, yet able to go about.

On Sunday, June 9th, he was taken with severe pain in his side and bowels, which was partially relieved by remedies, yet the general symptoms appeared more and more aggravated, and a *stercoraceous* vomiting ensued.

Mr. H. had formerly been troubled with umbilical and inguinal hernia, but neither was detected by the attending physician (homœopathy), and neither proved to be strangulated or irreducible.

The friends and physician became alarmed at the steady progress and fatal appearance of the disease, and summoned counsel; but, before it arrived, death ensued—Thursday, June 13th—with but little increase of pain and a very obscure diagnosis.

On the arrival of the counsel, several earnest and inquiring friends assembled determined to know the cause of his premature death. And about four hours after, a *post mortem* was held, which developed obstruction in the ilium, composed of a concrete substance of *cholesterin* and feculent matter, very symmetrical in form, and hard, about one inch in diameter and two inches long, completely filling the ilium, and spasmodically grasped by it about two feet above the ileo-cæcal valve.

The examination showed extensive enteritis, not only above, but below the obstruction, and no more where the substance was lodged than at other points, and the mucus membrane was as perfect there as anywhere above, no more inflamed or irritated; and there was no gangrene or breaking down of structure. The examination of this concrete substance shows no nucleus of magnesia, chalk, or gall-stone.

---

### *Arti. III.—Important Operation in Modern Surgery.*

By LAMARTINE W. GREENWALD, M. D., Ashland, Ohio.

A girl of 13 years of age came under my observation, whose sad experience in life can not fail to enlist the sympathy of all who may read her brief history. Five years ago, while her parents were absent from the house, her clothes took fire while playing about the stove; her screams attracted the attention of her father who was a short distance from the house; he immediately proceeded to the house, not knowing what was the cause of her screams. On entering the house he found her completely enveloped in flames, and to his sorrow found her face, arms, and body frightfully burned. Medical aid was called, and success crowned their efforts in all places, save the right arm at the elbow-joint, where there has been a foul ulcer, producing enormous discharges of the most offensive matter, and has resisted all treatment for the previous five years.

The case came under my charge August 12, 1872, and upon examining the case, I concluded to produce a healthy granulating surface by the use of the nitrate of silver, which I applied every twenty-four hours with an elm poultice until it proved successful.



I then performed the operation of "grafting." I took from the left arm sufficient integument to make twelve "grafts" between one-eighth and one-sixteenth of an inch square. I then applied them by gentle pressure, and secured them so for forty-eight hours by adhesive strips. I then dressed it with an ointment consisting of

R. Nitrate mercury, grs. xxiv.

Simp. cerate, 3j.

every morning. Of the twelve "grafts" every one grew, and the patient is now undergoing a *rapid* recovery.

---

*An Heroic Druggist.*—The Paris correspondent of the *Lancet* relates the following incident: The anniversary of the entry of the Versailles troops into Paris painfully reminded me of the dreadful scenes I had witnessed and the unheard-of atrocities committed during the furious struggle between the insurgents and the regular army. Among the melancholy events that then took place I may mention that related of a *pharmacien* in the Rue de Richelieu by the name of Koch, who was brutally murdered by the Communist soldiers simply because he refused to help them in raising a barricade in his neighborhood. Not only did he refuse his aid, but he attempted to lecture them on their conduct, whereupon two of the men attacked him in his own shop. The *pharmacien*, however, true to his drugs, kept them at bay with a bottle of sulphuric acid in his hand, which he threatened to bespatter them with if they dared to touch him. The men, finding a dangerous weapon before them, beat their retreat, but soon returned with a reinforcement. The poor *pharmacien*, considering it would be useless to resist, was carried out of his shop, and, after a sham "drum-head" court-martial, was ruthlessly shot in the presence of his wife and children, who implored the ruffians for mercy.

## Translations.

*Aphasia.*

Par ADRIEN PROUST, *Professeur agrege a la Faculte de Medecine.* Translated from the "Archives Generales," by THOMAS C. MINOR, M. D.

*Diagnosis of verbal amnesia and aphasia—History of the losses of speech, improperly called aphasias* (LORDAT).—There have been published under the name of aphasia, certain cases of verbal amnesia, which must be pointed out. These amnesics had lost the memory of words; they could neither speak nor write, which compared them to aphasics, but they differed from these latter in this, that they could not follow a conversation, nor engage themselves in any reading; they easily repeated any words pronounced before them; finally, a distinctive characteristic of the greatest value, amnesia may be cured by education, and cured at the same time very promptly, while that aphasia is most generally incurable. Trousseau has perfectly characterized the persistence of aphasia by this celebrated comparison:

"The brain of the child is the land on which the plow does not trace in vain its fertilizing furrow. The brain of the aphasic patient is the sea where the prow of the vessel can not leave its trace." And in the meanwhile Trousseau confounded aphasia and verbal amnesia; he gives, in fact, as examples of aphasia, these three observations, which are evidently cases of amnesia:

"Madame M., enjoying habitually excellent health, and who was endowed with a very remarkable intelligence, was attacked, at the age of 56 years, by erysipelas, which invaded the face and the scalp. She had for the space of several days very severe cerebral symptoms, and when the fever had ceased, she had not preserved the memory of any word. For several days she was reduced to a sort of automatic state, accepting drinks and foods without asking for them, and not expressing any thought. Some days later, she could repeat and attach a true sense to words that were spoken to her. Shortly afterward, she commenced to collect some words, in order to form parts of phrases, or very short phrases. She was from thence completely cured from a physical point of view. The first days she only repeated words that were said to her; then her memory commenced to remember some. She then asked for a sheet of paper, pen and ink, and during three months, passed several hours each day in writing all the words that returned to her memory.

"I have had the paper in my hands, and it is strange to see by what a process one word recalled another; sometimes the first syllable, sometimes the second syllable, giving a key to the word following. Often it was the rhyme, sometimes in the distant sense. I will give some examples: cat, hat, skin, muff, sleeve, hand, dress, skirt, ornament, rose bouquet, flower girl, cemetery, coffin, moss cord, well rope, hole, etc. There was thus written nearly five hundred pages in small text."\*

The two other cases related by Trousseau, were observed by Boucher, of Dijon:

"The son of the porter of the lyceum in Dijon, aged 13 years, of delicate constitution; was attacked by fever in the month of September. His life was in danger for some time; finally the symptoms amended, and he was convalescing, when one fine morning we discovered a complete aphasia. He could not pronounce a word, and making great efforts could say nothing. The general condition was satisfactory; the urine slightly albuminous. He was given tonics. At the end of four or five days, words successively returned, pronounced, however, with a remarkable slowness; but finally he recovered.

"The second observation of M. Boucher was likewise gathered, following an abdominal typhus. The child was three years old. Urine albuminous. Speech was likewise lost suddenly at the time the fever ceased presenting its serious symptoms. Convalescence was very slow."†

A case still more interesting, is the history of Lordat's disease, which the majority of authors have considered aphasic. It is to me an error in diagnosis. In fact, Lordat was not *aphasic*, but very *amnesic*. This disease of the illustrious professor inspired him with reflections full of interest, and was the subject for him of a thorough analysis of verbal amnesia. These minute details are as much the more curious, since Lordat, having convalesced, has made known all the different phases of the disease that he successively passed through. I shall give this observation almost entire, not forgetting that to Lordat, *alalia* and *amnesia* are almost synonymous:

"From the age of ten years I had been subject to *cynanche tonsillaris*, which would last ten days, etc. . . . These angina came on every two years. . . . Formation of abscess in both tonsils. . . . It was always thus, up to some years after the culmination of my vital force.‡ From thence the attacks became

---

\*Trousseau, Clin. Med., t. 2, p. 617, 2d edition.

†Trousseau, loc. cit.

‡Lordat supposes there are in man three distinct things: the *sens intime* (mind, thought), the vital force, and material aggregate. The vital force once born, increases and decreases; the *sens intime* increases without cessation. The vital force is the intermediary between the *sens intime* and the material aggregate.



rarer and lost their periodicity. I had some paroxysms in the summer.

"In 1825, July 17, after very long mental labor and some acute distresses, I was attacked with my sore throat. On the seventh day I felt no fluctuation; this troubled me. At the moment when I awaited at least an approaching termination, all the pain at the isthmus of the fauces vanished; I felt I could swallow without pain, and I found myself apparently cured. There had been, in a word, a true delitescence. I heard felicitations; in my quality of physician, I could not accept them.

"A resolution is a desirable termination; a delitescence, if it is not always unfortunate, is at least suspicious.

"I awaited the future. Two days afterward, pains in the bowels came on.

"These symptoms did not last longer than a week. When I was at the fifteenth day of the whole disease, finding myself almost exempt from suffering, and feeling only a slight fever accompanied by very little heaviness in the head, I perceived that in wishing to speak I could not find the expressions which I wished.

"This symptom surprised me, and rendered me meditative. I tried to persuade myself that this embarrassment had been a passing distraction, and that with a little attention speech would always be the same. I was reflecting thus, when some one announced to me that a person had come to my house to hear how I was, and to see me. I opened my mouth in order to respond to his kind inquiries. The thought was all ready, but the sense that must confide it to the intermediary was no longer at my disposition. I turned myself around with consternation, and I thought in myself, *it is then true that I can no longer speak!*

"The difficulty increased rapidly, and, in the space of twenty-four hours, *I found myself deprived of the value of all words. If there remained any, they became almost useless to me, because I no longer remembered the manner in which it was necessary to co-ordinate them in order that they might express my thoughts.*

"I found myself thus attacked by incomplete alalia. I was no longer in a condition to receive the ideas of others, because the *amnesia* prevented me from speaking, rendered me incapable of understanding very promptly the sounds I heard, so that I could seize their signification. It was necessary, at times, to give to each sound an effort of remembrance, and conversation was too rapid for me to understand a sufficient number of words.

"You can form, then, an idea of the moral state of a man who from his position is always in relation with men, at least of speech, and who preserving all his mental aptitudes and all his accustomed intellectual wants, finds himself isolated from his fellow-man by the *sens intime*, though living in the midst of them." He is witness of their mutual connections; he feels like them, and a sort of cruelty prevents him from entering into their conversation.

"For do not believe that there has been the least change in the function of the *sens intime*; I always felt the same interiorly. The mental isolation of which I speak, the sadness, the embarrassment, the stupid air which came from it, would make many believe that there existed in myself an enfeeblement of the intellectual faculties.

"This error, which caused chagrin in some, and satisfaction in others, was not partaken of by M. Conzergnes, nor by M. Anglada.

"A long time rolled by before I could give an account of my condition. When I was alone, awake, I kept up tacitly my occupations in life and my cherished studies. I experienced no obstruction in the exercise of thought. Accustomed for many years back to works of instruction, I felicitated myself on the power of arranging in my head the principal proposition of a lesson, and of no longer finding difficulty in the changes which it pleased me to introduce in the order of ideas. The memory of cases, of principles, of dogmas, of abstract notions, were as in the state of health.

"I did not then believe myself sick; the embarrassments which I once found seemed dreams.

"For a long time, I was content to circumscribe thought, to develop it, to shape the order of subordination of ideas; expressions came without effort. In my reflections upon my morbid condition, I went no further; and thought to myself each day there remains no symptom, but that which I see. I felt my disease in the impossibility that I found in saying: 'Good day, how do you do?' It was then very necessary to learn how the intimate exercise of thought could be passed into words, that the embodiment of ideas was wholly another thing than their formation and combination. So, wholly recognizing the usefulness of language for the preservation of thought, for recording it and transmitting it, I was not able to subscribe to all that which Condillac has said regarding the necessity, the indispensability of verbal signs for thought. Yes, I learned that from *logos*, complete, of which I spoke ere now, I only fully possessed the internal part, and that I had lost the external part of it. In reflecting upon the christian formula that we call the doxology, 'Glory to the Father, Son and Holy Ghost,' etc., etc.,

*I felt that I knew all the ideas, although my memory did not suggest a word. . . .*

"The feeling of contrast which existed between that which was and that which appeared to be, was the occasion of different thoughts that I sought to render instructive to myself. The discouragement, the difficulty of taking part in conversations, of which I was simply a witness, the humiliation which resulted from it, the mental effort that I made in order to somehow recall the value of a term that I had heard, sometimes the sound of an idea that I wished to utter, must have given to my face a sombre expression of hebetude, which inspired at times a ridiculously vain and insulting pity. I had good reasons for knowing that I was not as inferior at heart as in body, but in order to redress myself, it was necessary to wait until I was certain of the curability of my disease.

"If you have never reflected well as to the extent of this amnesia, you might think I could have consoled myself by reading. I could do nothing of the sort at that period. *In losing the memory of the signification of words heard, I had lost that of their visible signs.* The syntax had disappeared with the words. The alphabet alone remained to me, but the joining of letters for the formation of words was a study to make. When I wished to glance at a book that I was reading, when my disease attacked me, I saw it was an impossibility to read the title. I will not speak to you of my despair, you may divine it. It was necessary for me to slowly spell the majority of the words, and I must say to you in passing, that I had occasion to feel all the absurdity of the orthography of our language.

"After some weeks of profound sadness and resignation, I perceived, in looking at a distance the back of a book in my library. I read the title explicitly: '*Hippocratis Opera.*' This discovery made me burst into tears of joy; I used my mind in order to *re-learn to speak and write.* My education was slow, but its success became wholly apparent in fifteen days."

So, then, Lordat was no longer in a state to receive the ideas of others; it was necessary for him, much of the time, to give to each sound an effort of the memory; he could not then follow a conversation because of its *rapidity*. It was impossible for him to console himself by reading; in losing the remembrance and signification of words heard, he lost that of their visible signs. He could repeat the words that were said to him. Finally, he was able to re-learn completely how to speak and write.



This recital, so full of interest, is it not a striking picture of amnesia? And Lordat, has he not admirably determined the characteristics of this affection, tracing for us the morbid phenomena in his own case?

And a curious thing! wholly confounding in the same term amnesia and aphasia. Lordat discussed the symptoms of Broussonnet's patient (aphasic), and opposed them to those that he himself presented. It is impossible to trace a better differential diagnosis of aphasia and amnesia.

"The verbal amnesia of Broussonnet had not this simplicity (he is speaking of the history of verbal amnesia of M. Moulinier, landscape painter, which only lasted about thirty-six hours); it (the amnesia of M. Broussonnet) arose from a congestion of blood in the head, coming on after a long nasal hemorrhage. The congestion had given rise to a failure of voluntary movements, and to a loss of consciousness, of such a sort that the case had been considered as an attack of apoplexy. The amnesia was not complete, it is said that he only lost substantive names; this is nothing at all. I was not able to see in conversation that the words lost, neither the words preserved, belonged to grammatical categories. It is to be believed that words usually come more easily, and that the scientific words, those which one uses rarely, live in forgetfulness.

"I have perceived several notable differences between this patient and myself:

"1. He had incorrigible paramnesia. The patient obstinately employed words which had no connection with proper words. The time passed, the time to come, whatever was its duration, whatever was its epoch, was always designed by the expression, *this evening*. He counted on being cured at the end of the approaching spring time. He spoke to me then of his convalescence *this evening*. He perceived, doubtless, that I did not know that which he said to me; he took the expedient of seizing an almanac and showed me the middle of May, repeating to me *this evening*.

"2. He wished to speak to me of a lady, and of her charming daughter, whom he knew very well, and I was a long time divining what he meant, because he could find no other title than the *mares*, without perceiving himself the incoherence between the denomination and the object, and was not in a condition to retract this language.

"3. He had in himself, in the articulation of words, an imperfection which was never found in my disease. He could not pronounce certain ones together even when he knew them very well. Imitation

in him was impossible. Thus, he could never pronounce the name of his daughter Betsey. He pronounced the letters separately, after I had asked him; but the composition of the word was too difficult for him. There was nothing like this in my case at any time during my disease, neither during my convalescence. *Whatever the word was pronounced in my presence, I was always in a condition to imitate it upon the spot.*

"4. I saw Mr. Broussonnet several times during the course of his disease. I noticed that the symptoms were always the same, and that his condition was stationary. I had occasion to felicitate myself, at an early day, in this connection. The slowness of my progress made me impatient; but I found a consolation in the difference that I saw between my successive ameliorations and that immobility. As I always felt myself far from the normal state, I said that my convalescence was an asymptose\* by its connection with health. But finally, the disease of Broussonnet terminated after less than a year, by a mortal apoplexy, while that of my case took another direction.

"I will say nothing of the discontent and disapprobation that he showed against all the productions of the natural history of his times. The impossibility it was for him to specify the different criticisms he wished to use against recent works, gave to his language a hard form, savage and unjust, that his mind would not accept, if the patient had known the value of the words which left his mouth. One day, he was to make a report on some scientific journals, pamphlets, and books that he had received during his illness. He wished to speak to me of it, but I could not comprehend what he said. He had repeated the word *bestly* several times.

"Impatient, he led me by the hand, to a place where these productions were piled up, and said several times: *foolish, silly, stupid*. Notice that the authors were men already celebrated, and he had moreover followed up several of them; in a word, among these authors we found Cuvier."<sup>†</sup>

Thus, then, clinically, aphasia must be distinguished from verbal amnesia; there is nothing to add to the characteristics given by

---

\* Term in geometry; straight line which, indefinitely prolonged, continually approaches a curve without ever being able to meet it.

† Lordat—Analyse sur la parole, etc. (Journal de la Societe de Med. Prat. de Montpellier, 1843.)

Lordat. If the differential diagnosis is often easy to establish, it is necessary as well to avow that in some cases confusion is with difficulty avoided, so much more as the amnesia, may sometimes come to be added to the aphasia. In these complex cases a long study and the repeated examination of the patient are necessary. Broca has given, on this subject, some precious indications.\*

"It still remains for me, in order to complete this study, to try and class the different troubles of speech, in determining the rank aphasia must occupy, and to point out the characteristics which distinguish this variety from other groups. But in order to give to this study the basis which is necessary for it, let us see from thence what are the different acts of the faculty of speaking, and let us try to found upon the result of this physiological analysis the classification of the different alterations of speech."—*Essay upon the Different Troubles of Speech.*

*Alogia, Verbal Amnesia, Aphasia, Alalia Mechanical.*—The idea, mentally conceived, must take a particular form in order to be manifested externally; it must be formulated by signs or by words. Now, it is easy to see that speech is composed of three successive acts:

1. The idea is conceived.
2. It is clothed in the form wished, in order that we may transmit it externally.
3. Finally, the last action is produced; the phonatory apparatus is put into movement; the sounds formed at the larynx are articulated by the tongue, the lips, etc., and we explain in a high voice our thoughts.

Such are the three acts that analysis has discovered in the faculty of speaking. In the meantime, these three acts are not absolutely and constantly connected between themselves. If the last supposes the second, and this one the first, it is no longer the same in the inverse order; the first act may exist without the two others; the first and second may exist alone without the last following. We may stop ourselves at each point of this progression; we may stop ourselves at the moment of pronouncing the words wished, and it is only voluntary that we pass successively from the first act to the last. In deaf muteness, which is not a morbid state, but an infirmity owing to a vice of organization, we have a remarkable example of this independence. The deaf mute thinks

---

\* Broca (Tribune Medicale, 28 Fevrier, 1869).



and conceives the idea; he expresses it by gestures and writing, but he can not speak.

This independence, and at the same time this subordination continues itself in the pathological order; if the first act is modified, disturbed, the two others would be in the same sense; if the second is injured, the last will be likewise, but the first could as well not be; finally, the alteration of the third will not necessarily bring about the lesion of the two others. From thence the singular varieties in the troubles of articulate language.

Sometimes we observe the lesion from the mental conception; the individual is in a state of coma, stupor, hebetude; thought affected, altered, weakened, suppressed, can not produce the idea. Sometimes the idea is conceived; but the formula clothes it necessarily in a very deficient manner for external transmission. At other times, finally, it is no longer upon the intelligence that the lesion bears. The phrase is constructed, the idea is ready to burst out, but speech can not produce it; the altered buccal apparatus can not articulate.

Here, then, are three varieties of troubles, perfectly defined and connecting each one to the other the distinct acts that we have recognized in the faculty of speech.

To the first variety belong a series of cases, in which the speech was entirely abolished or singularly limited.

When the mental conception is deficient, it is evident that speech no longer exists; it is thus in coma, apoplexy, syncope, and in many other morbid states.

If thought is not entirely destroyed, but more or less weakened, we will observe similar alterations of spoken language; such are the different conditions of stupor, dementia, idiocy.

In other cases of intellectual trouble, the speech fails because the individual does not wish to speak; and it is this that we meet among melancholy fools and hypochondriacs, who will pass entire days or weeks, without wishing to loosen their tongues.

It is necessary to arrange all these cases in the same class; the affection of understanding them united. If intelligence was not abolished, diminished, perverted, all these individuals could speak. They are distinguished from those with which I am now going to occupy myself, and must be classed apart. The trouble of speech being not here an essential fact has not received a name. In the meanwhile, without attaching other importance to the word, I have designated it under the name of *mutism*.

The second variety includes *aphasia* and *amnesia*. I have sufficiently insisted upon their particular characteristics, and upon the differences which separate them, in order not to have to return to them.

Finally, in the third variety, the intelligence is positive. The idea is conceived; it may be expressed by gestures and writing; but the buccal apparatus no longer obeys the will, and speech can not be produced. This lesion is absolutely different from the preceding, and it is not necessary to confound them under the same appellation.

It is useless to wish to create a new word in order to designate these latter phenomena. I propose to return to the old word *alalia*, by which Joseph Franck designated these alterations. I know very well that my colleague and friend, M. Jaccoud, has grouped under this name all the troubles of speech; but as there is nothing in common between *aphasia*, such as we understand it to-day, and the impossibility of articulating, owing to the lesion of the tongue and lips, I believe it useful to give to these two conditions different names, and, without occupying myself with the etymology, I employ the word *alalia*. These denominations, I avow it, are arbitrary; it has seemed to me sometimes that it was necessary, in order to better understand and fix the ideas, to designate by particular names, distinct things. The different losses of speech have been arranged by me under the following heads: 1. *Mutism*; 2. *Amnesia*; 3. *Aphasia*; 4. *Alalia*.

I have proposed these different denominations in the lessons I taught at the "Charite Hospital," two years since. Since then, I have learned that Prof. Broca had, on his part, established the same distinctions, at a meeting of the "English Association," held at Norwich.

M. Broca's classification is anterior to mine, but I was ignorant of the fact, and therefore the concordance of our results shows that the classification responds to the nature of the cases. There is, in the meantime, between our divisions, some differences. M. Broca admits four stopping places in the faculty of speech; besides, M. Broca has not employed the same denominations. He says: *alogia*, *amnesia* (verbal), *aphemia*, *alalia* (mechanical).

In *alogia*, the individual loses that which we call "consciousness." He is deprived of that species of "main spring" of intelligence, which designates, in its highest expression, the Greek word *logos*.\*

---

\*Broca (Tribune Medicale, loc. cit.).

This denomination of *alogia* appears to me preferable to mine. I replace, in my classification, *mutism* by *alogia*—as to the word *aphasia*, without bringing in an etymological discussion, I preserve it, because it is to-day too generally accepted for us to return to the word *aphemia*. Finally, the addition of the adjective *mechanical* to the word *alalia* determining its character better, I shall designate the loss of speech, succeeding to a lesion of peripheral organs, by the expression *mechanical alalia*.

The losses of speech are then classified by me in the following fashion: 1. *Alogia*; 2. *Amnesia* (verbal); 3. *Aphasia*; 4. *Alalia* (mechanical).

*Alogia* is almost always easily distinguished from *aphasia*. In *alogia*, in fact, the patient does not speak because he does not think, because he has no ideas to express; he is in a state of coma, stupor, dementia; he has not that mimicry so expressive in the *aphasic*. *Alogia* may present obscure cases, and those needing delicate interpretation; in penetrating, nevertheless, the remarks that I have previously made, and in which I have clearly shown the different symptoms, the diagnosis can almost always be established.

We see sometimes successively developed, in certain patients, *alogia*, then *aphasia*. Our patient in the "St. Madelaine Ward," was an example of loss of speech owing to *alogia* from thence, by *aphasia* afterward. She fell down in a fit, in a state of complete stupor, becoming incapable of proffering any speech; there was *alogia*. Little by little the intellectual lesion ameliorated; the stupor gave way to apathy; the face ceased to be absolutely expressionless. Very soon the apathy and indifference ceased, and the patient found herself in possession of her intellectual faculties. In the meanwhile speech remained in the same state; it had not undergone a parallel amelioration; it is thus that to *alogia* had succeeded the *aphasia*.

As to the diagnosis of *mechanical alalia*, it offers much less difficulty, and error will always be avoided.

It is easy to seize, in fact, the differences which separate *mechanical alalia* from *aphasia*. The faculty of speaking, that is to say, of arranging the idea with its exterior envelope, the word is by no means attained in *alalia*; *alalia* is a trouble or a suppression of speech owing to a lesion of the motor apparatus. The memory of words is intact among *alaliac* patients, as well as the procedure employed to speak them; but the mechanical motor apparatus is deficient, this is why the speech can not be produced.



The alaliac patient will continue to write, to design, etc., absolutely as before, and if the motor apparatus returns to its normal state, speech will reappear, and the progression of the two things will be in exact connection.

I have said that the diagnosis of alalia would present little difficulty, alalia offering generally very well defined distinctive characteristics. There are in the meantime some exceptions. I have observed, it is two years since, an alalia which commenced, like aphasia, by a right hemiplegia. Here is this curious observation :

"A seamstress, aged 33 years, entered the 'St. Madelaine Hospital.' She was a married woman and mother of a family, and had enjoyed good health for many years. She had had, about fifteen years since, an attack of acute articular rheumatism, which had left no organic traces, and it is the only serious disease she has ever experienced.

"On her entrance into my ward, January 5, 1870, she had complete hemiplegia of the right side; the buccal apparatus was paralyzed, and she had aphonia. Since that time an important amelioration has been obtained, I may say, without any active therapeutical intervention. Now (March, 1870), she walks every day, has a strong grip in the right hand, and makes herself useful to her nurses and fellow-patients. However, she can not sew yet; for, as soon as she tries to make stitches, her hand and arm suffer from fatigue and cramps. Speech is perfectly intelligible and seems to be normal, with the exception that we detect a certain awkwardness in her pronunciation of labial letters. The lower lip has not wholly recovered its suppleness. The voice is hoarse, strong, snuffling. . . . But I return to her past history.

"The first cerebral symptoms showed themselves at the commencement of 1869. She was then attacked, without apparent cause, by obstinate frontal pains, so violent at times as to prevent sleep. These pains returned almost regularly every evening, and were not accompanied by any unusual phenomena, such as vertigo, formication, loss of consciousness or convulsions. I gave her iodide of potash, although she had never presented any traces of syphilitic manifestations.

"One evening in the first days of June, she retired to bed in very good health apparently, and the next day, on awakening, she found herself paralyzed on the right side; the face had undergone no deviation; speech was not obstructed. Two months afterward, the paralysis had disappeared and the patient was able to resume her work of sewing, gaining health and strength daily until she felt as well as before the attack. The uneasiness in the head persisted.

"I now come to the history of the second attack. On Christmas eve, she went to accompany some members of her family from the Lyons railroad station; it was a very cold night. She had a very good night's rest afterward, and, as in the month of June, she awoke in the morning paralyzed. But this time she could not speak; the face was drawn from the left side; deglutition was obstructed; she felt a great numbness in the limbs of the right side. During the day, she went to see a physician, who ordered her a purgative. Thus she went on to the 26th.

"The 27th, in the morning, complete hemiplegia; speech abolished; deglutition more difficult; mouth half opened, she is not able to open it more, neither close it; very acute pains in the masseter muscles; sight weakened on the right side; some pain in the head; involuntary urination; constipation.

"I saw her in this condition and determined the limits of the paralysis. The left side of the body presented nothing abnormal. Sensibility was very slightly diminished at the right, preserved almost intact at all points of the face, lips, tongue and velum of the palate. I then subsequently saw the incontinence of the urine diminish and cease completely, also the slight trouble of sight. But I intend especially to describe the alterations of the buccal and laryngeal apparatus.

"Nothing was more singular than the expression on the face of our patient; the upper portion was mobile, agitated, laughing and weeping; the inferior portion slightly wrinkled by some contractions, and not betraying in any manner the moral affections; the lip was drooping and covered by saliva; the mouth was open, drawn at the commissures, allowing one to see the dental arcades slightly parted; the inferior maxilla, finally, performed only very short movements. In this condition she could not blow, hiss, nor give a kiss.

"At the tongue, paralysis seems to be almost complete; extreme difficulty in raising it above the floor of the mouth; impossibility in putting it out, of applying it to the palatine vault from its point to its base.

"The vault of the palate and pharynx were attacked but very slightly. The lesion only betrayed itself here by the huskiness, and by a certain inactivity in contracting under the influence of direct irritation. The food is never ejected through the nasal fossa.

"It was more difficult to appreciate the state of the larynx. There was no dyspnœa; we may affirm from thence that the glottis was unaffected, and that consequently, the dilating muscles had not been paralyzed. It has not been the same regarding the constrictors. The voice was low, hoarse, nasal, and monotonous. I sought, but in vain, to make her run over the different notes in the gamut, by making her sing; notwithstanding all her efforts, the tone of the voice was always the same. From this aphonia, is it not legitimate to conclude that the patient could not modify the opening of the glottis, stretch or relax voluntarily the vocal *chords*?"

In presence of such an extensive paralysis, attacking both sides of several muscles, what can we admit as a cause, except a lesion of the bulb? And, in fact, a lesion of this organ and of the nucleus of origin of nerves which spring from it can alone account for a trouble bearing simultaneously upon the motor filaments of the fifth pair, upon certain fibres of the facial, upon the great hypoglossal, and upon the part of the spinal destined for the larynx.

What is astonishing, that with similar disorders of the lips, tongue, velum of the palate and pharynx, that movements of deglutition should have been difficult. In order to swallow liquids, the patient filled her mouth, then threw her head backward; this carried

it into the pharynx, and if the quantity was too great, a part of it escaped outside at the moment of pharyngeal contraction. It often happened that she swallowed the wrong way, then coughing expelled the liquid out of the buccal orifice. With patience, she could manage to swallow a few teaspoonfuls of broth. It is, I believe, useless to add that it was necessary to renounce solid food.

The impossibility of intelligible speech, and above all the right hemiplegia, would lead us to believe in the existence of aphasia. A most attentive examination modified my first opinion, in showing me that this woman had preserved her faculty of converting her ideas into words intact, and that only the power of articulating them failed her. In fact, being exercised in writing with the left hand, she in a few days finished her apprenticeship, and could then demand, in good French, that of which she had want. She told us the changes coming on in her condition, and often thanked us. Later, when movements became easier, speech followed the same progression. I saw that the movements of the tongue and lips, being less obstructed, the speech was becoming much more distinct and intelligent. And it was from thence perfectly evident that she had no need of seeking words which she wished to use.

Thus, then, our patient was not aphasic; she gave to thought the form wished for its outside expression; she had to communicate in writing, but she lacked the power of speech. The third act only of the faculty of speech could not be accomplished, although the two first were not troubled, although the will was perfect.

*Now, this trouble of language, this abolition of speech, was due to the impatience of the muscles of the palate, tongue, and lips. She can not make herself understood, in similar conditions—there is only an unintelligible noise, a confused sputtering; she can not articulate the voice. In a word, our patient was not suffering from aphasia, but from alalia due to paralysis, from mechanical alalia.*

The trouble of speech affected not only words, the letters themselves could not be spoken. Among the vowels, the A, which requires no special position of the organs, which forms itself, in some way, in the state of repose, was the only letter perfectly pronounced. The E mute was understood only with difficulty. The closed E, the open E, the other vowels, and all the consonants betrayed themselves externally only by a monotonous noise, a kind of growl, being, as regards sound, between A and E.



We see here an example of one of those paralyses, having for a point of departure the bulb (medulla oblongata), described by Wachsmuth, under the name of bulbular paralysis, which enter into the group of labio-glosso-pharyngeal paralysis, described by Duchenne, of Boulogne.\*

In the following observation, which enters still into the symptomatic group of labio-glosso-laryngeal paralysis, the mechanical alalia had, as its origin, an ischemical softening of the bulb, resulting from embolism of the vertebral artery.

This case, observed by me at the "La Charite," has been collated by M. Luneau, *externe du service*, and M. Charcot was kind enough to examine the bulb :

Obstruction of the left vertebral artery in a woman, aged 68 years. Some intellectual trouble, paralysis of the muscles of the larynx and pharynx; incomplete left hemiplegia, characterized especially by inco-ordination of movements. Slight remission of all the symptoms for the space of two days. Died the seventh day.

The widow Cerchier, aged 68 years, woman of family, entered, May 29, 1870, the hospital "La Charite" (*service* of Mr. Proust). This woman has always enjoyed good health; has never had rheumatism, palpitations, nor œdema of the lower limbs.

In the month of January of this year, she was seized with an apoplectiform attack, during which she lost consciousness, and afterward had hemiplegia, from which she did not convalesce completely for three months. The 29th of May (day of her entrance), at eight o'clock in the morning, while occupied at household affairs, she suddenly felt the left side of the body become numb, and fell down completely weakened. Her speech failed her completely, and she tried in vain to call for help, for she had entirely preserved her intelligence.

She was brought to the hospital, and the next day we found her in the following condition :

The patient lays in the dorsal decubitus, suffering apparently from great weakness. The features are deviated, and the commissure of the mouth slightly drawn from the right side. The orbicular muscle of the left eyelids is not paralyzed. The pupils are normal. The velum of the palate is completely insensible; the tongue is strongly deviated from the left side.

There is hemiplegia of the left side, or else weakness and resolution of the limbs of that side, for the left hand can still exercise a very energetic pressure. Cutaneous sensibility, far from being destroyed, may be slightly increased in the arm and leg.

But the symptoms which predominate over all the others are aphasia and

---

\*As I have established elsewhere, the *labio-glosso-laryngeal* paralysis is not a disease, but a symptomatic condition, which may be met with in various morbid states of the bulb (exsudative inflammation, sclerosis, atrophy of the nervous cells, and also hemorrhage).

complete dysphagia. The patient speaks in a low voice, but answers perfectly all questions asked her, and her intelligence is very clear. The muscles of the pharynx are likewise paralyzed. In the back part of the throat there are abundant and thickened mucosities accumulated, and their expulsion is impossible. The air which passes across these mucosities during respiration produces a noisy rale.

Over the heart are heard tumultuous bruits, but we are unable to distinguish a souffle. The radial arteries roll under the finger like hard cords. Pulse 72, large, irregular, and soft. The temperature in the axillary folds is  $36^{\circ} 6'$ . Over all the extent of the chest there exist sibilant and sonorous rales, but no moist rales.

The 31st of May and the 2d of June, the symptoms were slightly ameliorated. The patient took food by the aid of the œsophageal tube from thence, but June 2d, the evening of her death, she was only able to swallow some spoonfuls of broth, which did not provoke, as in the preceding days, symptoms of suffocation by passing into the larynx. The voice returned slightly the 2d of June. The temperature and pulse were slightly raised. In the meantime it was always necessary to remove with the aid of forceps the mucosities in the back part of the throat.

The incomplete hemiplegia of the first day was singularly modified. In examining the movements of the left arm I perceived that the strength had somewhat returned, but there was a true ataxia of movement. When I told the patient to take a glass of water from her table, she threw out her arm in that direction with a jerking movement, striking and spilling the object that she wished to take, rolling it all about before being able to seize it, and then letting it fall while bringing it to her mouth. All precision failed her in movements, and when she was told to carry her finger to the end of her nose, she, after irregular movements, pushed it roughly into her eye, or into her mouth. Involuntary micturation persisted from the beginning of the attack; she had no stools.

June 3d, the pulse was suddenly raised to 112, hiccough came on, and the patient succumbed the next morning.

At the autopsy, the investigation was especially brought to bear upon the nervous centers and the heart. The spinal cord was removed with the greatest care, and the medulla oblongata was preserved in its entire length to the brain; the vertebral arteries were divided a little below the point where they penetrate into the rachidian dura mater. The basilar trunk and the vertebral artery of the right side have a perfectly free canal. Some atheromatous plates existed upon their walls. The sylvian arteries are intact.

But the superior extremity of the vertebral artery of the left side is obstructed by a clot, of which the conical summit is directed from the side of the encephalon, and which continues itself below into the windings that the artery describes before penetrating into the rachidian canal. The color of the clot, seen across the walls of the artery, is blackish. The extremity of the cone appears to be a little discolored. The clot fills and distends the artery, where it seems sunken like a coin. The superior extremity of the clot is distant about one centimetre—one-half from the basilar trunk. The arteries of the cerebellum,

posterior and inferior, are obliterated in their whole extent; the branches which leave them in order to penetrate into the medulla oblongata are likewise filled.

M. Charcot, who had the kindness to examine this part, tried to find if the medullary substance was not altered at the level of these obliterated arteries which are the nourishing arteries of the medulla oblongata.

Fragments taken from the level of the floor of the fourth ventricle, not far from the centers of origin of the hypoglossal, of the spinal and facial, show under the microscope granular bodies and obliterations similar to those we find in ischemical cerebral softening. The left lobe of the cerebellum also presents softened points.

This work of softening was evidently accomplished since the arterial obliteration took place, and there is nothing here to astonish us if we remember that the patient died only on the seventh day.

Persuaded under our eyes of an embolism of the vertebral artery, we sought its origin in the left cavities. The valves were atheromatous, especially the mitral valve, but there was no trace of erosion on their surface. The aorta, to the contrary, possessed a number of ulcerated atheromatous plates. Finally, in order to have a probability more in favor of embolism, I searched with great care to see if there were not traces of infarctus in the abdominal organs, which are most habitually its seat. The liver and spleen showed no trace of it, but the left kidney had, upon its convex border, a deep cicatrix, beyond doubt an old infarctus.

So, by reason of the abruptness of the attack, by reason of the form of the clot, by reason of lesions of the aorta, and finally, by the presence of old infarctus in the left kidney, I think it is necessary to attribute the obliteration of the vertebral artery to an embolism, which has been the starting point of the symptoms observed.\*

\*I can not make too conspicuous the alterations of the medulla oblongata, which the microscopic examination of M. Charcot revealed. It showed the effects of vascular obliterations upon the bulb, effects of disorganization at the present time, better known at other points of the encephalon, but which have been much more rarely observed in the medullary region. Examples, of embolism of the vertebral artery are, in fact, very rare. Some days after this first case, I saw a second in my service, and the specimen was likewise shown to the "Biological Society." These two observations have been reported in the doctorat of Dechery. (*Quelques formes d'atrophie et de paralysie glossopharynges d'origine bulbaire.* These de Paris, 1870.)

In the statistical table published in the work of Bertin (*Etude critique de l'embolie dans les vaisseaux arteriels et veineux*), the vertebral artery is noticed as having been twice the seat of embolism, but when we go back to the sources which the author has drawn from (De Bierk, collated by Strohl, of Strasbourg, in the thesis of Strasbourg, 1853, No. 281, p. 20), we see that it is necessary to reject his first observations (obs. 34, p. 422). It arose, in fact, from a Sylvian embolism, and not from embolism of the vertebral artery. Observation



I could as well cite other examples of mechanical alalia. Its causes are multiple. In fact, when any alteration whatever happens in the bulb, in the motor nerves leaving the bulb, or in the muscles animated by these nerves, immediately the speech will be found to be disturbed or suppressed. The observations I have published suffice to show in what this special trouble consists, and how it is to be distinguished from other lesions of spoken language. In terminating, I shall formulate by some synthetical propositions the points which have appeared to me to be definitely attained.

We have seen that if the localization in the third circonvolution can not be always and absolutely affirmed, in the meantime, from a clinical point of view, we may derive from the observation of the symptom aphasia precious indications as to the seat and the nature of the lesions that engendered it. Almost always in fact, as I have said, the symptom aphasia indicates a softening of the anterior cerebral lobe, and more particularly of the third left frontal circonvolution; this ramollissement is the effect of an habitual embolic obstruction.

It is wrong to make aphasia a complex condition, including troubles of language, motor troubles, paralytic troubles, etc.

Aphasia is not a disease, it is a symptom; a symptom which consists in a partial trouble of the faculty of expressing one's ideas. It ordinarily accompanies right hemiplegia.

The aphasic loses the use of speech, writing, and reading; in a word, in him, artificial language is either altered or abolished.

The aphasic preserves integrity of thought and of the language of action.

*Aphasia* is distinguished from verbal *amnesia*.

We must not confound aphasia with *alogia*, alteration of speech from loss of intelligence.

Finally, aphasia is likewise separated from *mechanical alalia*, or loss of speech owing to alterations of the peripheral motor organs.

---

74, p. 432, is, to the contrary, conclusive, and is closely connected with our two cases. (Refer to De Thungel, Archiv für Pathol., Anat. und Phys., 1859, p. 356.)

*Foreign Bodies in the Auditory Canal.*

From the new Italian monograph on diseases of the ear, entitled "*Le Malattie Dell' Orecchio-Trattato-Teorico-Prattico; basato specialmente sull' anatomia normale e patologica e sulla fisiologica dell' organo uditivo, pel.*" Dr. E. DE ROSSI. Translated by THOMAS C. MINOR, M. D., Cincinnati, O.

## CAPITOLO V.

§3. *Treatment; Methods of extracting Foreign Bodies described.*

[CONCLUDED FROM PAGE 558.]

The indications for treatment consist in extracting the body introduced into the ear. This should be done immediately, if possible. The surgeon should, above all, ascertain the relations that the foreign body has with the walls of the canal, its form, hardness, and all the circumstances, in short, that might influence the method.

A most valid means of extracting a foreign body, employed nowadays (almost generally,) is that formerly advised by Celsus. This celebrated practitioner "*injected water with force into the interior by means of an ear syringe.*" Nevertheless, it can not be denied that formerly surgical instruments were preferred to water, or certain strange manipulations were used, which we find described in the first treatise on diseases of the ear, in the following manner:

"*Si puer, omnes commendant ut pedibus elevetur et caput concutiat, quia etiam ex hoc situ exeunt corpora: Si sit vir extenditur corpus supra tabulum, et pars affecta ponitur prona; quo facto deinde tabulum supra quam positum est caput modo attollitur, modo deprimitur, unde sit, ut moveatur corpus intra aurem de loco quod post modum ferro aliquo potest extrahi quod si hæc non succedant videndum est si corpus frangi potest.*"

We certainly allude to that passage of Pliny, regarding the introduction of insects into the ear, recommending his *inspuere auribus*. Some certainly may smile at this expedient; let them remember that Vidal refers to it, as being in some manner successful, removing from the ear living bodies by offering to them different qualities of food; placing milk for the insect at the orifice of the ear; for stinging ants, offer meat to the vermin. Berard, Sen., succeeded in extracting the vermin of the carnivorous fly by putting small pieces of meat at the entrance of the auditory canal.

To these means, truly somewhat primitive, I might add others still more grotesque. Itard, supported by the advice of Sulpius, recommended in serious cases that the physician should await the germination of any seed introduced into the ear, in order to seize it more easily and then pull it out. Bermond affirms that in order to succeed in extracting a grain of seed, a leech should be made to attach itself to it by its sucker, then use traction on the aforesaid leech's tail.

Giovanni Arcalano was not antipode to this erudition, when he wrote, in the year 1493, his book of "Practice," where is read the strange advice, "introduce into the auditory canal a live lizard, or even its head, then hold it by its tail; after the lapse of three hours, the foreign body will infallibly be found in the mouth of the animal, and may then be extracted with it."

It may be laid down as a rule, that in general the injection of tepid water with the syringe described, in speaking of plugs of cerumen, will be sufficient for extracting any kind of foreign body. This must be continued with a certain persistence, even sometimes repeated for many days, before being abandoned, as it is a most efficacious and innocent means of affording relief.\*

Voltolini, in a case not less interesting, has put to profit the anatomical condition of the locality, in order to favorise the success of the injection. He treated a patient who had introduced into his ear, many days before, a lead shot of calibre No. 3, said shot being situated in contact with the membrana tympani. After many fruitless attempts to extract it, the before-mentioned author finally succeeded, by giving to the head the position that the anatomical topographical examination had shown him as the most suitable. The superior posterior wall forms, as every one has noticed, an obtuse angle with the membrane of the tympanum, from thence an oblique surface, which is continuous with the smooth surface of the membrane. The anterior inferior wall reunites at a rather acute angle with the level of the membrana tympanum, and as soon as the anterior wall curves there remains a fossa; in this from the first, the small rounded, heavy or shriveled up body rests, so that it is almost impossible to succeed in seizing it, and in all cases where attempts failed, there was injury inflicted on the delicate and sensitive tissues which form this region.

---

\* Archiv fur Ohrenheilkunde, l. 5, 154.



It was after these practical considerations, that Valtolini made the patient lay down upon his back in such a way that the head would be in some degree lower than the body; he afterward drew the pavilion of the ear upward and backward, and thus had the good fortune to displace the enucleated body (resting in the fossa, before described); by means of an injection, the ball was afterward easily rolled to the exterior by the returning current, the membrana and the walls of the canal, being in the direction of an inclined plane, greatly assisted the desired purpose.

This practice of Voltolini's will become most useful, especially in children, in whom the tympanum is greatly inclined, and forms a most acute angle with the anterior inferior wall, very open to the contrary in the opposite sense, and therefore most favorable for the performance of the operation in the situation already indicated. This means is the more precious, inasmuch as it is not possible to obtain the necessary immobility in the case of little patients, without giving them anæsthetics, which it is always prudent to abstain from doing, when it is possible to do otherwise.

Inasmuch as the force of the water may be the best and safest means for the extraction of foreign bodies from the ear, there may be met with, in conclusion, with some frequency, particular cases, in which it is useful to unite other means; combining to aid in giving confidence to proper experiments, to which among others surgical talent may be invoked; from this point we may choose, in the most suitable manner, the instrument best adapted to the extraction of the before-mentioned bodies. Forceps, levers of various forms, scoops, hooks, metallic snares, screws, more or less similar to cavity corkscrews, were imagined and constructed in the most ancient times, and have been modified more or less by modern authors.

To be deterred from the fear of injuring the membrana or the canal, would end in our banishing absolutely all surgical instruments. This would be, to my mind, rather unreasonable; and, I might add, rather injurious to the development and progress of the science. At this most interesting point in practice, I am going quickly from one extreme to the other. Whilst we still observe the *tonsor ineptus* of Fallopius, the which torments the ear without giving us to comprehend seeing or ascertaining if the body exists that we are seeking for, we find, on the other hand, those that may, but who yet strive for half an hour or more, in syringing an ear, where an insect exists entangled in cerumen, pus, and some-

times even in coagulated blood, which resist to an extraordinary degree a dissolving liquid. Nevertheless they repeat this operation for many consecutive days before they dissolve it, let them employ a suitable instrument with which they may undertake the extraction with the greatest facility. Any one can see with what profit injections can be used, when they wish to extract a pin, small splinter of wood, seeds, hairs, or a plug of cotton, etc., notwithstanding that an adult person maintains the requested immobility.

Without doubt, in similar cases, the physician can see best by suitably illuminating the locality; let him, then, use forceps immediately, in order to relieve the patient, without using too many injections.

Under certain given circumstances, we are constrained to have recourse to instruments, or leave to nature the duty of throwing off the foreign body by suppuration. The expectant plan may, without doubt, offer the most beautiful hope, without awarding it to experiment; and in every case, before having recourse to risky maneuvers, when above all they might be employed in the attempt by hands most frequently unfit, I should advise awaiting the kind offices of nature, especially if the canal is seen to be swollen and painful, or the foreign body lodged solidly inclosed in it. But when the nature of the object introduced and the condition of the part will permit it, we can use without fear a loop of delicate metallic wire, in order to raise up and lightly displace the body in question; and we might manage, in a degree, to help the patient in distress by the further use of injections, since it is treatment not excluding other conditions of assistance.

The lever must be changed now and then in its position, in such a way that the foreign body can afterward be easily seized by forceps, and then extracted with a truncated hook; but the lever of Leroy D'Etiolles is no longer suitable, since one can not measure the resistance coming with it, nor succeed in its absolutely dangerous management.

Voltolini, already quoted, instructs us what profit may be drawn from observing the epoch; a given species of seed commences to germinate and therefore to soften, so that we can penetrate into its substance, by means of a somewhat cutting scoop, and thus extract the foreign body piecemeal.

Among the foreign bodies removed with difficulty by injections, we may class the larvæ of insects, which frequently remain fast-

ened in position, notwithstanding the use of substances calculated to produce their destruction. This observation has been made in modern times by Gruber, who, as we have seen, had occasion to remove from the auditory canal a large number of maggots, many of which were sent by him to the naturalist, Retenbacher, and were declared by the latter as belonging to flies of a sarcophagus species, order of diptera.

These larvæ presented at their principal extremity two small horny points in the shape of hooks, turned downward, similar to the curved horn, though more sharp pointed, of the chamois. Young individuals are affected even in whom a careful examination will show the full grown larvæ; seen in adult patients, the vermin presents a series of points of a horny substance; inserted equidistant from each other their whole length are bands, arranged in such a manner that they form parallel lines around the body of the insect, which are placed two by two; so that every pair of points will always be found at a distance from the neighboring pair, so the spaces are greater than those existing in the two lines which always form a single pair. The hook-like articulations placed in front serve without doubt to fasten the animal to his place (Fresshaken). The bands that cover the body are organs of movement and of fixation also, since a soft body could scarcely crawl easily itself without their aid.

With a bodily structure thus formed, observes Gruber, it is easy to see how difficult it is to detach the vermin, if one does not use means powerful enough to overcome the resistance offered by the strength of the vermin, and their arrangements in masses before described.

In fact, notwithstanding injections of chloroform, brought into use by Dr. Scheibenguber, for the purpose of destroying maggots, he did not succeed in extracting them even by consecutive injections of water.

The efficacious means is that of the forceps, with which we can seize the maggot by its body, and by using sufficient traction detach it; but the force of adhesion is so great, that frequently the physician does not succeed in loosening it, seize the entire animal, break it rather than abandon its removal.

Notwithstanding the fact that every precaution may be used, the pleasant result of the operation is marred by the supervention of hemorrhage, as in one of the cases before mentioned; which arose from the suction that the maggots had made during the time



of their sojourn in the organ of hearing. Regarding other kinds of insects, we may succeed in ejecting them, by means of ejections of tepid water, but in some cases I might use a sound, to the extremity of which should be attached some glutinous substance, as turpentine gum, soft diachylon cerate, or other substances, with which it is possible to entangle the foreign body in question. This means can not be used as easily as intended, without the aid of a sufficient illumination. The angular forceps will be of great assistance, when it is possible to seize the body without danger of pushing it deeper. When the membrane of the fossa tympanum is perforated or destroyed, we may have recourse to the air-pipe in the ear, which, in the hands of Deleau, was used with a happy result.

It will be well to know, finally, of a cruel operation, recommended by Paulus of Egina, by Albucasis, and even taken into consideration by Duverney; judged severely and stigmatized by all modern authors, it is not absolutely rejected by Mr. Troltsch, who asserts that in his practice, if he should meet a case where a foreign body wedged in the canal tightly, which should give rise to symptoms of such a sort as to indicate the advantage of energetic action, then for this reason extract it quickly, when we know for certain that delay would not make it more absolutely allowable; he would not hesitate in this case to open a passage by an operation, in order to reach the obstacle at the back part, by traversing the walls of the canal. Paulus of Egina, and other ancient physicians, recommended, in case of necessity, the practice of a semi-lunar incision behind the pavilion of the ear, to the end of thus penetrating into the canal. This operation, stigmatized by Malgaigne and Rau, among others, was sustained by Hyrte. Fully favoring the principles of the operation, Troltsch undertook, nevertheless, the selection of another locality, in order to perform his incision, and from thence did not go to the back part, preferring the front part of the canal; and this for the following reasons: first, in order to avoid wounding the posterior auricular artery, which has a calibre of considerable size; secondly, the dissection of the cavity (conca) and of the cartilaginous part from the bony part of the canal might be rendered more difficult by the convexity of the mastoid apophysis, and from this place one would not be able to penetrate, with a curved instrument, as deeply as from the superior incision; for the remainder, the experiments performed upon the cadavera had demonstrated that going to the supe-

rior part, we can easily separate the canal from the squamous portion of the temporal bone, and penetrate, on this account, for example, with an aneurismal needle, into a greater proximity with the membrana tympanum.

Doubly is it easy to succeed in such an operation, when we have young subjects, in whom there scarcely exists a bony canal, inasmuch as the fossa of the squamous portion of the temporal bone, follows a decidedly inclined plane, for the membrana tympanum, the which forms an obtuse angle opening with greater largeness than in the adult. Among children, where precisely such accidents are met, where foreign bodies, owing to the maneuvers and other profanities of the physician, are pushed continually deeper, the above-mentioned operation would be safer and harmless in its success, and the design would be more easily accomplished than by attempts made with more or less dangerous instruments.

---

***Treatment of Syphilis by the Medico-Chirurgical Society of Bordeaux, in 1867, and the Lectures of M. Fournier at the Lourcine Hospital.***

[*Bordeaux Medical*, August 4, 1872.]

Dr. Alfred Fournier gave lectures recently at the hospital Lourcine upon the treatment of syphilis, which have been published in the *Gazette Hebdomadaire*, Nos. 9, 11, 16, and 18, of the year 1872. It may, perhaps, be of some local interest to here examine the ideas of this distinguished syphilographer. The Bordeaux lectures call to mind, in fact, that in a discussion which took place at the Medico-Chirurgical Society of Bordeaux, in 1867, that mercury, without numbering the declared enemies, found, however, only some rare champions ready to sustain its usefulness from the beginning of the evil and during the evolution of the secondary accidents. For more precision, we will give the same text of the opinions sustained in this interesting debate. The son of M. Venot, who opened the discussion, was not absolutely satisfied with mercury, and he gave as the results of his observations the appreciation of mercurial medication. (*Memoires de la Societe Medico-Chirurg. de Bordeaux*, p. 229, 1867.) "In making the schedule for the use of mercury, from what precedes, we find he favors

chancreous induration, papulous syphilides, papulo-squamous, palmer and planter squama, iritis, sarcocele in the beginning, some applications to the tertiary period. Against it, we find inscribed, useless, at least against other accidents, complete incapacity against the diathesis." The son of M. Venot further stated the treatment to which he gave the preference. He attacked the initial stage by local means, afterward he waited for the evolution of syphilis by abstaining from all medication in robust and healthy persons; to the wretched and feeble, tonics and reconstituents. When secondary manifestations appear, mercury is prescribed according to the case, and its administration withheld as soon as the lesion has disappeared. Saline purgatives at intervals, against the cutaneous accidents, farinaceous baths; other times, according to the case, some topical applications, sometimes mercurials, or often resolvents, balsamics, etc.; for the tertiary period, iodide potassium; from the beginning to the end of the disease, sulphur baths.

M. Moussons, who presented after M. Venot an interesting communication, was rather less categorical. He said, in effect, in the fifth conclusion of his memoirs: "The best applied mercurial treatment, from the first appearance of the chancre, has not the power to prevent general manifestations; it only lengthens the time when they are accustomed to produce themselves.

"6. If mercurial treatment has been reserved for the times when the general accidents manifest themselves, it perhaps has then more action over them, causes them to rapidly disappear.

"7. Mercurial preparations are specially adapted to secondary stages.

"8. The more syphilis progresses toward the retardive form, the more also mercury loses its power over it.

"9. During the tertiary period iodide of potassium is the remedy upon which one should rely the most. It renders, also, service in the prodromic period which precedes the general development; it is thus the remedy of the beginning and the end.

"10. Syphilis can entirely disappear spontaneously."

"11. An eclectic medication which would inscribe a part to the reaction of the organism, another to mercury, and to iodide of potassium, in which iron, quinine, and certain thermal waters would intervene, would certainly be that which is best adapted to syphilis."

These conclusions thus demonstrate it. M. Moussons does not



show himself an adversary to the mercurial treatment; far from that. One may confess, however, that the reading of the observations of the facts which he brings, would not allow one to hope for a judgment so favorable for the action of mercurial treatment.

The other members of this society, as MM. Labot and Solles, came to support the opinions of both preceding speakers. Besides, here are the three first conclusions of M. Lambat.

"1. Give no mercury, at least in exceptional and very rare cases, during the durations called primitive.

"2. Give no mercury, but often iodide of potassium, through the few days that last of the development of general concomitants of tertiary syphilis.

"3. Treat the development with mercury, however insignificant they may be, but cease to employ this treatment as soon as the manifestations have disappeared.

"4. Treat the tertiary accidents with iodide of potassium, to which mercury may be added in some cases."

Respecting M. Solles, he fully accepts the ideas of M. Venot. A single champion, Dr. Levieux, defended mercury with the profound ardor and energy of a conviction, with arguments like those invoked to-day by M. Fournier. At the conclusion of his labor, he declared:

"1. That at the moment when the physician has made his diagnosis of syphilis, he should institute mercurial treatment, and that in cases when the diagnosis remains uncertain for a long time, it will perhaps be the most prudent not to wait.

"2. That the sublimate is preferable, except in some cases; in others, the mercurial salts.

"3. That the treatment, in its form and in its duration, may be modified according to the subject, age, idiosyncrasy, and complications, but that it ought to be for a long time and patiently followed."

As the precedents, M. Levieux admits the iodide of potassium for the treatment of tertiary accidents. This explanation appeared to us necessary to reproduce with exactitude the opinions set forth, and to show with precision the digression of the Bordeaux physicians upon this important question of the treatment of syphilis. It is this difference of opinion upon the utility of mercurial treatment which has induced us to expose the method of the Parisian syphilographer, M. Alfred Fournier, who has acquired by his works upon syphilis a certain notoriety. Most of the reasons

invoked by the Lourcine physician are those which have already been made known by Dr. Levieux, in 1867, before the Medico-Chirurgical Society of Bordeaux, either in his communications or in his replies which he made to his adversaries, and finally in a letter written July 5, 1867, to M. Jeannel, editor of the *Bordeaux Journal of Medicine*. We shall, however, reproduce them by epitomizing the substance of the lecture of this distinguished professor.

"The pox," says M. Alfred Fournier, attacking boldly the first argument of the physicians disposed to withhold the employment of mercury, "which is regarded by some persons as a benign affection, which cures itself, spontaneously, whatever one may do, has a fatal duration. The expectation, simple or aided by some tonic means, is the method the most rational and the most certain which suits to combat primitive syphilis."

Upon the whole, all these propositions come to this: "Is it or is it not necessary to treat a syphilitic disease? Must the patient be treated or not?" To the question thus raised, M. Fournier responded: "You say that syphilis is a benign disease; let us go to the bottom of things." He recalled then the multiplicity of accidents that the virus may cause upon all sides, and which are at least very disagreeable when they have not a fatal gravity. Then he passed in review the fatal lesions imputed to syphilis; death by lesion of the liver, lungs, larynx, of the heart, death by cranial gummar, vertebral, etc. Such is the final perspective of a disease which has been called benign and which one is counseled to abandon to itself. One will respond: it is true that pox ends sometimes by these grave causes, but that most often the pox are slight and that they do not bring the sad consequences of severe pox, or that one may leave the first appearances to themselves, while the second are justifiable to mercurial treatment. This manner of acting would be plausible, if one possesses the necessary elements to give a prognosis in advance of syphilis." But it is impossible to establish a provisional diagnosis. Up to this date, no sign has been able to establish whether the disease which began by slight accidents, mild, is not going to become the most grave. Since it is thus, the most simple prudence obliges us to keep ourselves upon our guard in all these cases, and to advise a proper treatment to diminish, if it is possible, the effects of the diathesis in the present and in the future. The necessity of a recognized treatment introduces these two essential questions:

"1. Whether this remedy can be injurious?"

"2. Whether this remedy can be useful?"

There is no cause to delay long with the first question. Mercury given, as is customary at the present time, in medicinal doses, can not produce the formidable consequences which followed its former administration. Many morbid phenomena, being placed to its credit, falling off of the hair, affections of the bones, are produced by syphilis, and not by treatment. This can not admit the shadow of a doubt to any one. Nevertheless, mercury given even in medicinal doses may cause:

1. Ptyalitic effects (stomatitis, ptyalism).

2. Gastric and intestinal disturbances.

3. Nutritive or general derangements, stomatitis, mercurial ptyalism, are followed with premonitory symptoms which announce their approaches. With care, with vigilance, one may thus avoid this misfortune. In the words of M. Fournier, more than sixty patients are subjected to this treatment, and ptyalism is almost unknown.

Now, if stomatitis was, as it is pretended, a consequence almost inevitable to the administration of mercury, one ought to see it more frequently. When mercury excites stomachic derangement, intestinal, which is but little more rare, and shows itself among females, blonde subjects, lymphatic, with languid digestion, it suffices to diminish the dose and to combine mercury with bitters, as quinia, with opium, to arrest these symptoms. The general nutritive disturbance limits itself to anemic action. However, when the mercury is given with precaution, carefully watched, one may at the commencement of the action suspend its use and submit to good hygienic influences, to reparative food. The anemia is then very quickly arrested. In more than five hundred patients observed every year by M. Alfred Fournier five per cent. display phenomena of anemia. Besides, if one wished to administer a treatment that was without any danger, he would have to renounce alkalies, quinine, arsenic, etc., and all sorts of drugs. Are not most remedies capable of producing doubtful results when their administration is not watched?

After having demonstrated that mercury is an active remedy, which in this quality deserves to be administered with care, the physician of Lourcine undertakes the solution of the second question, of the utility of mercury. Some pretend that not only mercury has no action upon syphilis, but that it aggravates it. Other



fanatics, of another order, dangerous friends of mercurial treatment, maintain that it is an antidote born for pox; that it is all sufficient with a certain number of mercurial pills to destroy the pox, to end it forever with this redoubtable enemy. Neither the one nor the other are in the truth. To give an account of the utility of mercury, it will suffice to arrive at a solution of these two propositions:

1. Has mercury a real action, evident upon the actual manifestations of a given syphilis?

2. Does mercury exercise a uniform action upon syphilis? Does it influence the diathesis in a way to modify it, to attenuate it, to dilute it, consequently to modify or prevent its ulterior manifestations, remote?

To the first question, M. Alfred Fournier affirms to all its power that there is no action more clear, more evident, than that of mercury upon secondary syphilitic accidents. That if the effect of the venereal disease spontaneously disappears, it is only gradually; while the experience of four centuries bear witness in favor of the rapid effects of mercury. And every day in the presence of psoriasis, which one thinks herpetic or arthritic in the face of neuralgia, which is attributed to the action of cold, then that syphilis is the only cause of these diseases, does he not see mercury, tried as the touchstone, marvelously triumph with extreme rapidity in these accidents when all other treatment remains without effect? "To deny the therapeutical influence of mercury will be to encounter it with no logic of good sense. To deny it would be to deny in advance, and determined against all therapeutical effect, for there is none, certainly, more manifest and convincing."

It is well to recall here, that in the report which we have given of the opinions supported by the Society of Medicine and Surgery of Bordeaux, no advocate has formally condemned the use of mercury. To the second question, the physician of Lourcine shows himself quite as affirmative as was M. Levieux in the Medico-Chirurgical Society of Bordeaux. "Mercury, according to M. Fournier, exercises upon the entire disease a general influence, prophylactic, and, I willingly declare, curative. It is upon this point that opinion differed with the members of the Medico-Chirurgical Society, MM. Moussons, Venot, Labat, and Solles. It is difficult effectually to sustain that one cures the diathesis without acting upon the diathesis itself. Now, if one puts on a parallel, pox treated and pox not treated, ninety-nine times in a hundred,

says M. Fournier, the pox treated is benign. Then one does not count five per cent. of patients, who, in spite of systematic treatment sufficiently prolonged, may be maltreated for the disease. It is this that makes the difference between pox outside and pox of the hospital. The first is a hundred times more mild. Never, for example, can one see in a *femme du monde* these mucous syphilides, elephantiasis, that cover the vulva with enormous excoriated vegetations, ulcerous and fetid. One can never see outside the multiplicity of forms which one observes in hospital. Why? Because the patients outside treat themselves.

[TO BE CONTINUED.]

---

*Pepsine and its Action on Blood-fibrine.*—Dr. V. Willich contributes a long paper to Pflüger's *Archiv* (Band v., Heft 8) "On the Ferments effecting the Digestion of Fibrine." The digestive fluid he employed was the fresh glycerine extract of the minced mucous membrane of the stomach of the pig. The fibrine was obtained from fresh blood. This was macerated in a solution of hydrochloric acid, containing 0.2 per cent. From the results of his experiments it appears that fibrine absorbs pepsine very energetically; that the process of digestion commences with the formation of a feeble chemical combination between the pepsine and the acid, and that this compound is the really active substance. In regard to temperature, digestion proceeds slowly even at 40° Fahr., but with the greatest rapidity and energy at temperatures between 95° and 112° Fahr. Higher temperatures than this retarded or altogether prevented the action. For the digestion of a certain quantity of fibrine, definite quantities both of acid and of pepsine are requisite. Meissner's parapeptones and metapeptones are initiatory stages of the action of the pepsine on the fibrine, and, if the action proceeds, are converted into peptone, but if the amount of pepsine be insufficient they may remain unaltered.

## Hospital Reports.

### *Cincinnati Hospital—Acute General Tuberculosis following Confinement—Service of C. D. Palmer, M. D.*

Reported by JAMES L. NEAVE, Resident Physician. \*

Maggie O'H— came into the house for confinement. June 6th was delivered, after a perfectly natural labor, of an apparently healthy child. For five days preceding the labor, the patient suffered intensely with cephalalgia; face much flushed; eyes injected and scintillations; pulse normal. Ordered *R. pot. brom. grs. x*, every two hours, with but very slight relief. The day before confinement there was an appearance of sordes on the teeth; patient complained of great nausea, and vomited several times. For about twelve hours after being delivered, she had no headache whatever, and stated she felt perfectly well. In the afternoon of the same day all the previous symptoms returned. Thermometer  $97\frac{1}{2}$ ; pulse 75, soft and regular.

June 8th. (Two days after delivery.) Patient partially comatose, rousing with difficulty, and appreciating questions very imperfectly; tongue heavily coated; lochia somewhat offensive. Thermometer  $100\frac{1}{2}$ ; pulse 78. To have beef essence every four hours, and milk diet.

June 9th. Still comatose; to greater degree than yesterday. Is some apparent tenderness over cervical and dorsal vertebræ. Patient lies with the head thrown back and resists every effort to draw it forward. Lochia very scant. No stool for several days; slight tenderness to pressure over hypogastric region. Thermometer  $101\frac{1}{2}$ ; pulse 84. Ordered *R. ol. ricini, ʒi*; *ol. terebinth. ʒi*; also, *emplast. canthar. 1½x3 inches*, at back of neck.

June 10th. Rested badly at night; three stools; hypogastric tenderness diminished. Tenderness over spine appears somewhat less. Rouses with less difficulty, and mind seems clearer. Complains of pain in the eyes and tinnitus aurium. Thermometer  $102\frac{1}{2}$ ; pulse 96. Ordered *R. lig. ammon. acet. ʒiss*; *spts. nit. dulc. ʒss*; repeated every two hours.



June 11th. Condition about the same as yesterday ; no marked change. Ordered blistered surface dressed with camphor cerate ;  $\text{ʒss}$  camph. to  $\text{ʒi}$ . A. M. Thermometer  $101\frac{1}{2}$  ; pulse 90. P. M. Thermometer  $101\frac{1}{2}$  ; pulse 87.

June 13th, Lochia very offensive, for which a vaginal injection of acid carbol. grs. xxv, to Oi of water, was ordered. Thermometer  $101\frac{1}{2}$  ; pulse 102. P. M. Thermometer  $101\frac{1}{2}$  ; pulse 111.

June 14th. For the past two nights patient has been very delirious, attempting several times to leave the ward. This morning the general symptoms were not quite so marked ; appears to take more notice of objects ; pupils respond actively to light. Had several very copious and involuntary passages of urine ; no stool for several days. Ordered R. ol. ricini,  $\text{ʒi}$  ; ol. terebinth.  $\text{ʒi}$ . Thermometer  $102\frac{1}{2}$  ; pulse 105.

June 15th. Several stools passed in bed ; no offensiveness of lochia. Rouses with much difficulty. Thermometer  $102\frac{1}{2}$  A. M. ; pulse 108. P. M. Thermometer  $102\frac{1}{2}$  ; pulse 129.

June 16th. Appears to be some slight improvement to-day. No involuntary stools. Light does not seem to cause pain as formerly. Physical examination of chest found no perceptible dullness, but some bronchial rales. Thermometer  $102\frac{1}{2}$  ; pulse 114.

June 17th. Has slept little for the past two nights, but has been very restless. This morning the pupils responded irregularly to light ; reflected light causes no additional contraction ; is marked tendency to convergent strabismus. Constantly picking at the bed clothes, and has a tendency to bite anything she can lay hold of. Thermometer  $102\frac{1}{2}$  ; pulse 103. Ordered R. spts. minder.  $\text{ʒiss}$  ; spts. nit. dul.  $\text{ʒss}$  ; antim. et pot. tart. gr.  $\frac{1}{16}$  ; to have every two hours.

P. M. Almost completely irrational. Is able to recognize at times and will answer rationally to questions, but will relapse almost instantly into her former state. Stools and urine involuntary. Eyes much injected ; cheeks flushed. Has some difficulty in swallowing. Has been some cough and expectoration to-day for the first time. Discontinued the antimony, but still continued the febrifuge. Thermometer 103 ; pulse 144. Vigilant and restless toward evening, requiring to be watched constantly. At 5 P. M. gave pot. brom. grs. xl. 8 P. M. No effect whatever ; no signs of sleep, but the pulse was somewhat slower. Ordered pot. brom. grs. lxxx. 10 P. M. Still vigilant and very restless. Or-

dered R. pot. brom. grs. xx; chlor. hydrat. xv; repeated every two hours. 10 p. m. Thermometer 103; pulse 123.

June 18th. Chloral and bromide given three times during the night. Patient slept some three and a half hours, after having, in the course of eleven hours, taken pot. brom. grs. 200, and chlor. hydrat. 45. Was quieter than has been for a week past. This morning was unable to recognize any one, but appeared at times to understand what was said to her. Hands constantly in motion; pupils dilated. No stool for several days; lochia normal in amount and not offensive. Patient is still possessed of considerable strength, it being difficult to withdraw anything from her grasp. Takes nourishment of milk and beef essence readily. Thermometer 102 $\frac{3}{4}$ ; pulse 156. To have tinct. verat. viride. gtts. ij. every two hours, gradually increased until gtts. vij are taken per dose. p. m. Thermometer 103; pulse 153. In the evening, the verat. viride having but little effect, applied two leeches to each temple with apparent benefit; the pulse became stronger and somewhat slower soon after; patient appeared much quieter; mind seemed to be clearer for a short time, but soon relapsed into the same condition as before.

June 19th. At 2 A. M. the patient was perfectly comatose; tracheal rales very marked, and breathing difficult. Sank gradually and died this morning about 7 o'clock.

AUTOPSY, MADE SEVEN HOURS AFTER DEATH, BY N. P. DANDRIDGE, M. D.

*Brain.*—The dura mater was found adherent on the upper surface of the brain and longitudinal fissure. The vessels of the meninges of the convexity of the brain were very much congested. On opening the brain, the ventricles were found distended with a light colored fluid, each ventricle containing  $\frac{3}{4}$  iss. The septum lucidum and fornix were very much softened; there was also some superficial softening of the thalami optici. At the base of the brain, the arachnoid and pia mater were somewhat cloudy. Lying upon the optic chiasm was a mass of exudation; there were also patches of exudation found in the sylvian fissure of right side, following the course of the vessels. Scattered on the base of the brain were found a few grayish granules, especially marked in the left sylvian fissure.

*Lungs.*—Crepitant throughout and of a dark red color. On section, a large amount of bloody fluid escaped. Lungs were

œdematous throughout, and scattered over the surface of the section were grayish semi-transparent granules.

*Kidneys.*—In each the cortical substance was somewhat decreased in amount. Pyramids and cortical substance congested. Scattered over the surface, as well as in the interior, were small white granules, separated with difficulty from the surrounding tissue. Pelvis of kidney very much congested.

*Commentary.*—When we bear in mind the extreme difficulty in differentiation between acute tuberculosis and typhoid fever, and more particularly the obscurity in diagnosis in a case with the above clinical history, during the puerperal state, it is not a matter of surprise that the real nature of the above case would escape detection as it did. It was very evident that the patient was suffering from meningitis, but its specific character was hardly suspected.

Careful physical examination of the lungs, as stated, failed to detect any serious organic disease, although the autopsy demonstrated very extensive miliary tubercular infiltration. This, however, is generally the history of such cases.

It will be noticed that the thermometer at no time indicated a temperature above 103° Fahrenheit, and having very gradually arisen to this point—being out of proportion to growing rapidity of the pulse, corroborating the observation of Wunderlich made in reference to this disease. Moreover, the thermometric observations made show no morning remission in the temperature.

---

*Test for Small Quantities of Sugar.*—Prof. Seegen, of Vienna (*British Medical Journal*), finds that Trommer's test for sugar, though the most reliable and delicate, capable of detecting it when dissolved in ten thousand times its weight of water, will not detect small quantities in urine, on account of the presence of creatine and uric acid. In order, therefore, to obtain a pure watery solution, he filters one or two ounces of the urine several times through good animal charcoal—a process requiring only a few minutes. He then washes the charcoal with distilled water, to dissolve the sugar, and thus procures the desired aqueous solution, in which a beautiful red precipitate of suboxide of copper is produced by the test, when the urine itself furnishes no satisfactory results.



## Correspondence.

### *Case of Extra-Uterine Pregnancy—Death and Autopsy.*

EATON, OHIO, *September 5, 1872.*

Mrs. K., æt. about 40; married; mother of one living child; was taken ill and shortly after died under circumstances which excited in the neighborhood suspicions of foul play, especially as she and her husband had not been living very agreeably together, and rumor says threats of violence had been made by both parties. She supposed herself pregnant about the fourth month. About ten days previous to her death she had been attacked with severe pain in the abdomen—not located at any particular point; for this she was treated by Dr. Stephens, and in a few days relief was obtained, and she began working in the garden (her husband being a gardener, she was in the habit of assisting him). About six hours previous to her death she was again taken with pain, located principally in the hypogastric region, and Dr. Stephens again being called, suspected abortion; but upon examination per vaginam, found the os and cervix normal, and thereupon diagnosed internal hemorrhage, and prescribed stimulants. She died, however, in a few hours. As before remarked, the popular mind being somewhat excited, it was deemed best to have an investigation of the case, and the coroner was called upon to hold an inquest. Post-mortem examination was made thirty-six hours after death.

Upon section of the abdomen a large quantity of blood was found in the peritoneal cavity. This being removed, and pursuing investigation in the region of the uterus, a fetus was found lying loose in the cavity, but still attached by the umbilical cord to a point near the ovary. The tissues in the neighborhood were very friable, giving way readily to the slight pressure of the fingers. The ovary was involved in the hypertrophy of the parts, caused by three months gestation (for the fetus appeared to be about the third instead of the fourth month, as the woman suspected), so that it was difficult to identify it. The uterus was also enlarged to about the size it would be at two or three months.

The specimen was preserved, the uterus being removed, with

both ovaries, broad ligaments, and the whole, with cord and placenta still attached, are in possession of Dr. A. H. Stephens, of this place. It was evident immediately on opening the abdomen that Dr. Stephens was correct in his diagnosis of concealed hemorrhage; this was probably caused by rupture of the sac which contained the fetus. There was nothing more in the case peculiar, and I have no remarks to make.

J. L. QUINN.

---

TOLEDO, IOWA, August 16, 1872.

*Cincinnati Lancet and Observer*: I was sent for by the friends of Clara T., aged 16 years, with bilious temperament, to come to Mt. Pleasant, Iowa. She had suffered from the age of five years with deafness, with more or less discharge, which was very offensive, following scarlet fever; but within the last eighteen months she has been unable to hear at all with the left ear, and a polypus had grown so as to protrude outside the ear. On examination, I found the polypus to present a fleshy appearance; it did not have any tendency to bleed when touched. It was attached somewhat below the middle of the meatus. I determined to remove it with Wild's snare, which is probably the best instrument for the removal of this variety of aural polypi. The way of applying it in the above case was as follows: The patient was seated on a chair, with a good sunlight; the cross-bar was pushed forward, and a noose made of the wire at the small extremity of sufficient size to include the morbid growth, which it was made to surround and press down by means of the stem; the cross-bar is then drawn up smartly to the handle, giving it a single twist, which brought it from its attachment without cutting it across. The bleeding did not amount to much, and was easily controlled by an injection of ice water into the ear. I examined the ear afterward with a speculum and found the polypus all gone. The patient was easily controlled by a couple of assistants. The removal of it caused the patient very little pain.

SAMUEL THOMPSON, M. D.

*Letter from Newport, R. I.*NEWPORT, R. I., *September 2, 1872.*

PROF. STEVENS—*Dear Sir:* While mercury is running *high*, and the *dog star* rages in your goodly city, here we need blankets and woolen clothes the greater part of the time, the thermometer indicating  $80^{\circ}$  as the highest; it is seldom higher than  $70^{\circ}$ , and often lower.

This is by far the most attractive “watering place” I have visited. Surf bathing is splendid, fishing abundant, and sailing delightful.

This is a quaint old place, with its old stone mill, primitive houses, and ancient memories. The old town is entirely unlike the new town, with its magnificent country seats, modest “villas” costing from fifty thousand to two hundred and fifty thousand dollars, the former being now occupied by the descendants of the old wreckers of the coast and the infamous slave-traders of the past century. The habit of many of the inhabitants is to vacate their houses for four months of the year, and rent them for that period to families desiring to tarry for the season. Accommodations can be had for from three hundred dollars to seven thousand five hundred dollars for the four months. The markets are abundant and well stocked, but servants are troublesome and expensive. Carriage riding is a luxury—too expensive to be indulged in by persons of moderate means.

New York (“up town,” of course,) empties into Newport its fashion, its equipages, and its doctors. Some Esculapians go to watering places to enjoy a season of foraging upon the visitors, instead of allowing the local physicians the benefit of the practice. They manage to have one or two dear creatures who have been miraculously cured by their superhuman skill, and these perambulating clinics go about drumming up recruits for the “great women’s doctor.” We had not been in town twenty-four hours before we were informed that Dr. ———, of New York, “whose sands of life had nearly run out,” from the insulubility of the climate, had settled for the season in this charming spot for the benefit of poor, suffering, neglected woman, and that he was the “great women’s doctor.” Alas for poor woman! she goes off for a change of climate and a release from doctors only to fall into the hands of these mis-



creants, who make fast their tentaculæ, and inaugurate a system of treatment that requires months of sojourn under their hands. "The great women's doctor," of course, knows what's the matter; he smells uterine disease afar off, and he has a new speculum, just one millemetre thinner than the latest novelty in that line, which enables him to keep his eye on the exact spot on which hinges all his hopes of gain; or, with exhaustive labors, he has worked out a new pessary, so very peculiar that, when once introduced, it teaches the uterus (with the daily ministration of the doctor) to behave itself. Or it may be he has exhausted his inventive genius upon a new swab for removing the wicked mucus from the delicate lining of the uterine canal. It's such a duck of a swab—it's a wonder it was never thought of before. But it's so peculiar; it has a history. The mines of Arizona have been searched, at vast expense, for the "virgin silver," and the catacombs of Egypt have been ransacked to secure the vestment of the veritable queen that brought up Moses from the bulrushes. Such a rare combination was never before effected, and there was never such a benefactor of the dear feminines.

Alas! alas! when will such abominations cease? Go to Tie-man's, in New York, and you will see the products of the expenditures of genius upon these very "inventions," that make one sick of the pretentious scientific doctor. You will see a thousand speculums and pessaries for the vagina to one for all other cavities of the human body. But enough of this for the present.

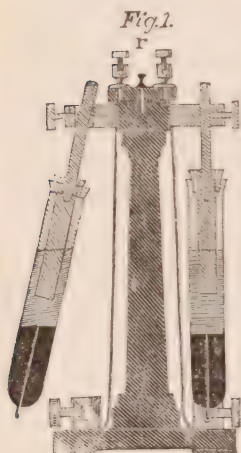
There are a number of physicians here from different parts of the country, who seek elegant leisure and the rejuvenating influences of the air, whose purses will suffer rather than be replenished. I met one of these, an old acquaintance, who had been followed by a couple of patients, insisting upon being operated upon then and there. And the distinguished surgeon, J. Marion Sims, accommodated them with his services. I had the privilege of seeing these cases.

One was that of a case which was first diagnosed uterine tumor, and was allowed to pass without any treatment. A year later it gave evidence of being a cystic development, and Dr. Sims concluded it was ovarian. He operated, and was surprised to find a large cyst of the posterior wall of the uterus. What should he do? His quick wits served him with the suggestion to stitch the mouth in the cyst to the wound of the abdominal wall, and to put a drainage tube through the vagina. This he accomplished, and the case progressed finely, with some variableness.

The second case was one of undoubted ovarian cyst. I witnessed the operation. It is nine days since. There were very extensive adhesions. The drainage tube was carried through the vagina, and secured so as not to admit of removal by accident.

The drainage was complete and the product abundant the first twenty-four hours. On the fifth day, when I again saw the patient, there was considerable discharge, slightly tinged with blood. There was no tympanitis or peritonitis, and no bad symptoms whatever. The patient was cheerful and bright, as if nothing had happened. Hypodermic use of morphia was relied upon. The bowels were kept freely open with injections of glycerin,  $\frac{5}{8}$  i to water  $\frac{3}{4}$  xii. As I am about to leave, I learn that the patient is still doing well.

W. H. MUSSEY.



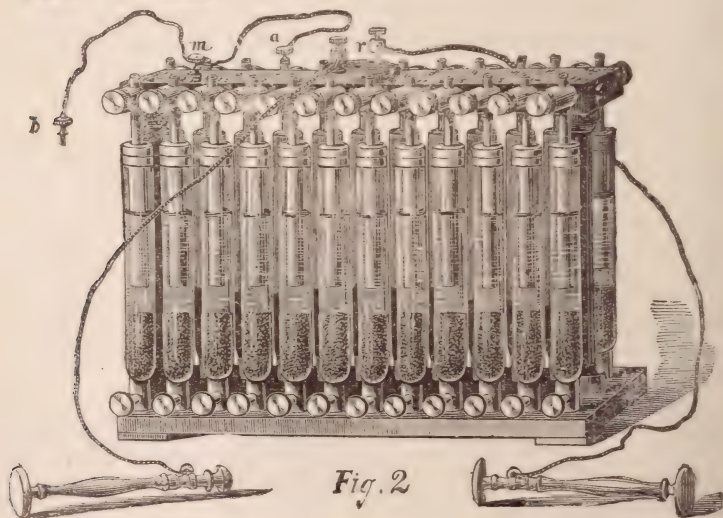
DR. STEVENS—*Dear Sir*: I have lately seen a newly constructed portable galvanic battery, made by Curt. W. Meyer, No. 9 Cooper Institute, New York. The maker has sent me an electrotype of it, which will give an idea of its construction. It is the most compact and lightest instrument I have seen, and fully sufficient for treating nervous disarrangements.

Mr. Meyer will be in this city the 18th of October, and the profession will then have the opportunity to see and judge of its value.

Respectfully,

W. H. MUSSEY.

September 28, 1872.



## Selections.

*The Bromide of Quinine in Syphilis.* In a paper contributed to the *Practitioner*, by Dr. B. W. Richardson, in July, 1871, on the organic bromides, he stated that the bromide of quinine was a valuable remedy in cases where certain special and persistent symptoms follow upon syphilis. He alluded especially to those insidious phenomena which those medical men who have lived long enough to have seen years of practice, trace back to a syphilitic basis, hereditary or acquired. A case of recurrent rheumatism of this nature, a case of recurring ulceration of the fauces, a case of general nervous exhaustion, with flying pains in the limbs, loss of hair, and remaining thickening and enlargement in the groin, a sequence of bubo; these have been instances in which the administration of the bromide of quinine, in doses of from two to three grains three times a day, has been more immediately and determinedly beneficial than any other treatment Dr. R. had practiced himself, or seen practiced by his brethren in physic, in such forms of disease.

Since the appearance of the above paper, I have had an opportunity of verifying the observation of Dr. Richardson, in seven cases of syphilis, in the stage in which he found the remedy so useful.

CASE I. A river-man, aged fifty, contracted syphilis seventeen years ago. He had undergone treatment much of the time, but had never been entirely relieved. He had flying pains in the limbs so severe as oftentimes to prevent his sleeping. His hair was dead; much of it had fallen out. He was greatly exhausted and largely under weight. He had taken large quantities of iodide of potassium daily for many years; indeed, he had been unable much of the time to do without it; but it had finally seemed to lose its effect, as he expressed it, and he found more comfort in the use of the compound decoction of sarsaparilla, in doses of four ounces three times a day, and cod-liver oil, than any of the many remedies he had in his extremity resorted to. He had despaired of getting well, and thrown up his situation. The bromide of quinine, in doses of three grains four times daily, removed the pains and lessened the exhaustion in four days. At the end of a week, the patient com-



plaining of cinchonism, the remedy was given but three times a day, in doses of two grains, and was continued steadily in this way for three months, when, having regained his health and flesh, he considered himself well, and was discharged.

CASE II. An overworked professional man, aged thirty-eight, a syphilitic for five years, had, as the only traces of the disease, repeated attacks of nervous exhaustion, loss of weight, and ulceration of the fauces, which recurred at frequent intervals. Two grains of the bromide of quinine, taken three times a day, appreciably benefited but did not altogether relieve him. The dose of the medicine was now doubled, with the best effect; but, as in Case I, cinchonism occurred in ten days, when the dose was reduced to three grains, and given in that quantity for thirteen weeks, the patient meanwhile gaining thirty pounds in weight and escaping any further trouble.

CASE III. The mother of three children contracted syphilis from her husband in 1867. She had taken mercury, potash, iron, and cod-liver oil, but notwithstanding had never considered herself as cured. Her complexion was muddy, while before it had been strikingly fair; and her hair, though it had not fallen out, was dead-looking. She had occasional attacks of flying pains in different parts of the body, habitual dryness, and at times ulceration of the throat. Two grains of the bromide of quinine, midway between meals and at bed-time, effected notable improvement in three days. The medicine, continued for three months, accomplished a cure.

CASE IV. An accountant, aged thirty-four, had secondary trouble in 1861. A course of mercury and potash relieved him so far that he entered the Confederate army and served till the close of the war, without having a single outbreak of his disease. Thinking himself well, he married in 1866. His wife, a stout young woman, had three miscarriages; the first at three months, the second at four months, and the third at the end of the fifth month. The husband and wife now both applied to me, and were put on mercurial inunctions, followed by a liberal use of potash and quinine.

Two years after, the wife gave birth, at full term, to a living, well-developed, and healthy child. Six months after this event the husband had ulceration of the fauces. Potash and iron internally, and much local medication, did but little, if any good. Large quantities of the compound decoction of sarsaparilla seemed to benefit him more than anything else, but he still had frequent ulceration of the fauces. Three months of the bromide of quinine, in doses

at first of four grains, then of three grains, and finally of two grains three times daily, seemed to rid him of every trace of his disease, his improvement dating from the first week of the treatment.

CASE V. A lady, aged twenty-two years, had two healthy children and then a miscarriage, all in pretty quick succession. Soon after the latter event the husband underwent a course of treatment for secondary syphilis. The wife had, from her description, a well-marked syphilitic exanthem. Two years after all this, I was consulted by the wife in regard to an obstinate sore throat, falling of the hair, and extreme nervous exhaustion, from which she had been a frequent sufferer. Iron, potash, quinine, and the liberal use of the compound decoction of sarsaparilla improved her general condition, arrested the alopecia, and relieved the sore throat; but a short time after, the latter trouble returned, accompanied by flying pains here and there, and a deep fissure in the tongue. The treatment adopted in Case IV was followed by the same happy results.

CASE VI. A commercial man got syphilis in 1864. Seven years after, when I first saw him, he had a sallow skin and ulceration of the fauces, as his most noticeable troubles. Ninety days' treatment with the bromide of quinine and iron removed every trace of his malady in four months, and he has since continued uninterruptedly well.

CASE VII. A commercial man, thirty-five years old, caught syphilis in 1868. After undergoing the usual treatment for the greater part of twelve months, he was pronounced sound by two physicians, and got married. In 1870 he had a furious attack of iritis, for which he was placed under my care. The wife gave birth, at five months, to a dead child. She had at the time mucous patches in the mouth, and condylomata upon the vulva. The husband was slow in regaining his health, but finally did so, and has remained seemingly well up to this time. The wife, on the other hand, recovered very quickly, and again became pregnant, but only to miscarry at the end of three months. Iron, quinine, a few mercurial inunctions, and change of air quite restored her, and she returned home in the early autumn in good health and spirits. After a few weeks of fashionable dissipation, however, she had a rheumatic attack; and this, before she was fairly through it, was followed by ulceration of the fauces. She was now put on the bromide of quinine, in doses of two grains three times a day, with the syrup of the bromide of morphia, to be taken when she was especially nervous or unable to sleep. The first of these remedies she continued

to use daily for two months. Since then she has taken it the first fifteen days in every month for four months. She is now seven months advanced in pregnancy, and, besides being free from every evidence of her old trouble, she has become more robust than at any time since her marriage.

The bromide of quinine used in the above cases was given in the form of syrup, made according to the formula of Dr. Richardson. Since that time Dr. Thomas E. Jenkins, pharmacist, of this city, has prepared an elixir of the same strength, which he thinks possesses some advantages over the syrup.—*Dr. David W. Yandell, in American Practitioner.*

*Hydrocele cured by Carbolic-acid Injections.*—Dr. P. E. Sandidge, of Edmonton, Ky., writes: "Having seen nothing during the carbolic-acid mania of the use of this many-sided remedy in hydrocele, I send the following note: In March, 1868, Mr. W., aged sixty-five years, observed the tunica vaginalis of the right side to be greatly distended with a fluid. There was some fluid also in the left side. Both tumors were punctured, and the fluid withdrawn. That on the right side was darkish; that on the left was perfectly limpid. The sacs were now injected with the tincture of iodine, which was allowed to remain, and in due time the case was discharged cured; but the tumors gradually reappeared, and in April, 1871, had acquired their former size. They were again emptied, the fluid in the right side being darker and thicker than before. I now threw into the vaginal tunic of this side, instead of the iodine, two drachms of Calvert's solution, No. 5, with a small quantity of water added, but repeated the iodine on the left side. The patient suffered some at the time, and complained afterward of fever in the right cord, with frequent erections. The left side gave no trouble. A brisk purge or two, rest and diet, with cooling lotions to the parts, straightened out matters, and in ten days the patient was dismissed. The right testicle and the right side of the scrotum were considerably retracted. The left testicle hung as usual. In January, 1872, the fluid had reaccumulated on the left side, the right being unaffected. The tumor was opened, contents evacuated, and carbolic acid injected as in August. The patient experienced much the same pain, etc., and had the same after-treatment. The testicle and scrotum of that side retracted as the right had previously done. Six months after the operation there was no sign of a return of the disease."—*American Practitioner.*



*Abstract of a Clinical Lecture on Death from Chloroform.* By J. Eric Erichsen, senior surgeon to University College Hospital.

Thanks to the somewhat frequent occurrence of the heading "Death from Chloroform" in the papers, the subject is beginning to excite a considerable amount of interest and apprehension among the public. In the profession there has been, I think, rather a tendency to avoid the subject—to look upon the occurrence of an occasional death from chloroform as a sort of necessary price paid for the advantages of anæsthesia. Whether this be the case, whether the fatal result really depend on an inexorable fate or on some more preventable cause, is, I think, worth inquiring into. Considering the extensive and general employment of chloroform for even the most trivial of surgical operations, a death directly due to its influence is happily of rare occurrence. During the twenty-five years that I have been attached to this hospital, I have only witnessed one such death. It is a sight which must always produce a deep and painful impression on those present; the more so, since the administration of chloroform is by no means a necessary part of the operation; the relief of pain is in many cases nothing more than a luxury.

All surgeons will agree with me that, in extra-hospital practice especially, the administration of chloroform is that part of the operation which often gives most anxiety to the operator. In a hospital, chloroform is generally administered by some one who is in the daily habit of performing that duty. The process is watched by competent observers, and there is every appliance at hand in case of need. In private practice, it is often given by the practitioner in charge, whose only experience is derived from a limited use of the drug in midwifery cases, and both the patience and peace of mind of the surgeon are upset; for, indeed, a considerable amount of practice and experience are required to enable a man to give chloroform well. Some acquire the necessary skill more easily than others, but no amount of care can make up for the want of a certain amount of practice.

We must confine our attention to deaths which are *directly and immediately* due to chloroform. These may occur in three ways: by the lungs, by the head, or by the heart; from asphyxia, from coma, or from syncope.

1. *Asphyxia* may be caused (1) by tight clothing, or by anything which hinders the respiratory movements, as a large ab-

dominal tumor; (2) by actual choking. If chloroform be given too soon after a meal, vomiting of semi-digested material is very likely to occur, and the larynx may be obstructed by it. A gag or false teeth may slip into the throat and cause choking; the tongue, also, like the other voluntary muscles of the body, becomes paralyzed when the patient is fully anesthetized, and, by falling back into the throat, may itself cause choking. Deaths from these causes, the first more especially, have occurred most often in dentists' practice. Still, simple asphyxia is not often actually fatal, though narrow escapes are common; the signs are so well marked that they can scarcely be overlooked, and the patient can generally be recovered if assistance be at hand.

2. Death from *coma* due to chloroform is rare; still, the only case with which I have been personally connected was due to this cause. The patient was suffering from chronic Bright's disease, and had slight symptoms of uremia. The administration of chloroform had not proceeded far when convulsions occurred, followed by coma and death in about an hour. In this case, at all events, the mode of death was evidently predisposed by the poisoned state of the blood.

3. We come at last to that part of the subject to which I wish more particularly to direct your attention—the death from *cardiac syncope*, as it is called. This is to me a very puzzling mode of death, as difficult to account for as it is to guard against. I presume that by the term “cardiac syncope” is meant atony and failure of the heart's action. This is an easy explanation, but not altogether a satisfactory one. Among the numerous experiments which have been made with chloroform, I do not know of any which prove that it has any direct syncopal action on the heart, or even any indirect toxic action on that organ through its nerves. Still, there is no doubt of the fact that people do die without much disturbance of respiration, without becoming distinctly livid in the face. The pulse fails; that is the first thing noticed, and they are dead.

Now, my own idea is, that these are really cases of asphyxia; that the heart is secondarily, not primarily, affected, and my explanation would be as follows: After death, we find in these cases a weak, fatty heart; the valves, indeed, healthy, but the walls thin, and the muscular tissue pale and degenerated. Now, chloroform has always, especially at first, a slight asphyxial tendency;

the patient calls out that he is choking, tries to pull away the inhaler, and breathes deeply, then struggles and holds his breath for a few seconds. In a healthy man this soon passes off—the inconvenience is merely temporary; but with a fatty, enfeebled heart it is different—the patient holds his breath for a few seconds, the right side of the heart is soon filled, there is weak, propulsive power, the organ can not recover itself, and the result is fatal.

Some years ago, I made numerous experiments on death by asphyxia in animals, and I found that if once the ventricular action were stopped, if a contraction were missed, it was most difficult to start again; generally all was over. And this is what happens in these cases: The ventricle can not be emptied quickly enough, the rhythm is lost, and almost instantaneous death ensues. The patient, then, does not die from the direct action of the chloroform on the heart, but from the effect of a slight asphyxial condition, which is inseparable from the administration of this agent on a disorganized heart. After death, you may not find the right side of the heart greatly engorged: first, because great engorgement is not necessary to cause a fatal result; and, secondly, the blood, even many hours after death from chloroform, is found unusually fluid, so that the dependent parts of the body are congested, and the heart is left comparatively empty. Then, also, artificial respiration is always set up in these cases, and this tends to diminish the cardiac plethora.

Finally, a few cautions. Never give chloroform without first thoroughly loosening the dress; if possible, not within four hours of a meal; the head should be moderately raised; the pulse, respiration, and color of the face must be carefully watched. As regards the occurrence of the rigid spasm already adverted to, I do not think that sufficient attention has been directed to this condition. A patient with an enfeebled heart is then in a most dangerous, even critical, state; the chest-walls are fixed, the lungs are filled with chloroform vapor, which becomes diffused, but can not escape, the pulmonary circulation is obstructed, and the pressure on the right ventricle rapidly increased. Let the patient partially recover, then give it again slowly; watch for any blueness around the mouth, etc. If the pulse fail, draw forward the tongue with forceps, and set up artificial respiration at once; but prevention is the main point. When there is well-marked



asphyxia, artificial respiration is most useful, and generally successful; but in these cases of so-called "cardiac syncope," it is generally useless. The heart has been barely able to meet the ordinary requirements of the system; it can not recover lost ground; it gives in, as it were, at once.—*British Medical Journal*, June 8, 1872.

*Inoculation of Tuberculous Matter in the Human Subject.*—Messrs. Paraskeva and Zallonis, of Syra, in Greece, have published in the *Gazette Medical de Paris*, April 27, 1872, an account of five experiments on rabbits, wherein tuberculous matter, either mixed with the food or inoculated, excited deposits of the same kind in the lungs, thus confirming Villemin's investigations. The authors attempted besides a bolder experiment, and inoculated a fisherman of fifty-five years of age with tuberculous matter on the upper part of the thigh. This man was suffering from gangrene of the great toe, in consequence of obliteration of the femoral artery. He steadily refused amputation, and the authors considered themselves justified in undertaking the experiment. The patient died thirty-seven days after the inoculation, and had never been ill before in his life. Seventeen tubercles in the first stage of development were discovered in the apex of the right lung; two were of the size of split peas, and the others as large as mustard seeds. Two more tubercles were observed in the apex of the left lung. The liver looked healthy, but presented two tubercles on its convex surface of the size of peas. The authors conclude that they have proved their point, but it should be recollected that, in ordinary autopsies, tubercles are often found when their existence from the history could hardly have been suspected. As for animals, it may always be asked whether we can, in all cases, conclude that the phenomena observed upon them would be the same upon man.—*Lancet*, June 8, 1872.

*Confession no Proof of Guilt.*—The *Lyon Medical*, of April 28, 1872, refers to the case of a girl, aged twenty, supposed to be seven months pregnant. After an attack of hemorrhage, her size seemed to have considerably diminished; and the girl, being closely questioned on the subject, said that, becoming aware of the discharge, she repaired to the closet, where she stayed ten minutes. She added that all had escaped, but that she had not

time to look, as she was being called by her mistress. A midwife and the parish surgeon both declared that the girl had been recently confined. She was now again assailed with questions, and told that, for her own sake, she had better make a clean breast of it, as no fetus had been found in the closet. Perhaps, it was suggested, she had thrown it into the pigsty. The poor creature at first denied such a thing, but at last confessed that it was so. A search was made, but no child was discovered. She was tried for concealment of birth, on her own confession, and sentenced to six months' imprisonment. The girl had not been taken into custody in consideration of her free confession, and she quietly proceeded to the gaol. When admitted, it was found that she was far advanced in pregnancy, and soon gave birth to a healthy girl. By the French law she could no longer appeal, as more than ten days had elapsed since the verdict; but the judge, having the power of appealing within two months, did so, and the girl was acquitted.

This case shows that confession, which is looked upon as the clearest proof of guilt, can not always be relied upon. And what shall we say of the surgeon and the midwife? The examination was probably hurried and incomplete, and the conclusion arrived at on seeing the signs of recent abundant hemorrhage. This case, even in a simple obstetrical point of view, is full of valuable hints.—*Lancet*, May 18, 1872.

*Salts of Quinia.*—MM. Chauffard and Briquet, and some other members of the French Academy of Medicine, maintain that the tannate of quinia is inert, while M. Mialhe thinks it exerts some influence, but at the same time he pronounces it to be a detestable salt. With regard to the sulphate of quinia, he says it "should never be employed as a basic sulphate, but as an acid salt. In this acid state the sulphate may compete with all other salts the base of which is quinia; for it should be noticed that it is the quinia itself, and not its saline combinations, which acts. The acid only serves as a vehicle for the introduction of the quinia into the blood; in the latter, the quinia is set free by means of the alkaline or earthly bicarbonates which the blood contains, and then its modifying action begins. It is a mistake to believe that the sulphate of quinia, when this salt is administered, can be traced in the urine; the salts traced are the acid phosphate of quinia associated with the phosphates of lime and magnesia."

*To Improve the American Medical Association.*—The *Boston Medical and Surgical Journal*, in commenting upon our recent editorial article on the failure of the American Medical Association to represent the American Medical Profession, offers some very valuable suggestions which deserve consideration. They may be embodied in the following: 1. That all the legitimate business, scientific and professional, everything, in fact, in the interests and needs of the profession throughout the Union, be intrusted to a National Council, limited in membership and composed of two elected from each State by a State Council; the term of these National Councillors being six years. 2. These National Councillors should be chosen by a State Council, which might be constituted and elected as follows: Each State Society to elect one member from each Congressional District, each to hold office for three years. This State Council could act as a State Committee in performing the preparatory work of the National Council, and might meet, we presume, immediately before or after the State Societies, individual members of the National Council being invited.

“The numbers in the several State Boards would be sufficiently large and well proportioned. For a National Council, seventy or eighty, thus selected, would be ample; and the length of the term of service would enable them to preserve a continuous and consistent plan of work, while half of their number, coming new every three years, would prevent any lapsing into indifference or negligence. The influence of the State Councils, as indicated, most fully impressing their own wishes and the wishes of their immediate constituents on individual National Councillors, would, through the National Board, give a voice to the profession such as was never before known.”

This plan is an original one, and has very many features which commend it to the many who are seeking for reform.

*Is Cholera Coming?*—Considering the prevailing rumors respecting this momentous question, it is reassuring to learn that the greatest authority on the subject has lately communicated to the Paris Academy an important study, tending to show that this year we need not expect the dreaded scourge.

M. Fauvel carefully examined the attitude and progress of cholera successively in the three places where it would seem still to menace Europe toward the end of last year, and at the commencement of 1872. By means of precise information and official



documents, he shows that we have nothing to fear from the direction of Constantinople or the Mediterranean, where the epidemic is entirely extinguished since the 11th of January last. Nor is there anything to be feared from Arabia or Egypt, although the Hedjas have not been exempt from the cholera. Medina, Mecca, and the valley of Mina have all paid a large tribute to cholera in February and March. 1,800 persons died in one week in Medina, and 4,000 pilgrims died at Kanina; so that of 16,000 who left Suez, only 11,687 returned. There was no cholera on the ships. The epidemic this year has been much less deadly than in former years, and M. Fauvel attributes this to hygienic precautions taken by the administration in Egypt. There is now a quarantine at El Nedj, about three hundred and fifty miles from Suez, and French medical men are employed at Djeddah and at Cairo. There is a black spot on the horizon on the side of the East, on the Austro-Russian frontier. In the month of May the cholera had appeared at Chotine, on the borders of Galicia, and at Kiew and Odessa, and the Danubian Principalities. However, this epidemic is much less severe than it was last year, so that M. Fauvel hopes that it may not extend throughout Europe.

*Thoracentesis*.—Dr. Bechis, of Turin, reports the following most successful case of thoracentesis: Giuseppa Vercelli, a girl, æt. 6, entered the St. Giovanni Hospital, October 4, 1870. Her life then seemed to hang by a thread. The lips were livid, the extremities œdematous. There was well-marked dilatation of the left side of the thorax, with immobility and elevation of the ribs, conjoined with flattening and greater width of the intercostal spaces; to auscultation there was want of vesicular murmur, and vocal fremitus above, below, in front, and behind; there was bronchial breathing, with œgophony, heard between the vertebræ and the angle of the scapula. On percussion there was femoral dullness over the whole extent of the right chest. Nothing abnormal on left.

## Editorial.

*Opening of the Schools.*—The *Miami Medical College* has held a preliminary course through September, consisting of daily lectures on special topics and dispensary clinics. The regular lectures began October 1st, and on the evening of that day the lower lecture-room was filled with students, physicians, ladies, and gentlemen, friends of the school, to hear the introductory of Prof. Taylor. The following synopsis gives an imperfect idea of the scope and maturity of the entire lecture :

“A pertinent subject for the consideration of the profession is ‘The Causes of Life.’ From the earliest ages the question, ‘What is life?’ has been a subject of investigation. Hippocrates and Galen believed in spirits who were servants of the soul, which governed the animal economy. In modern times, Harvey taught that the blood contained and gave origin to the principle of life. In our own day, Lavoisier demonstrated the indestructibility of matter, and thus prepared the world for the reception of a doctrine which promises to form the basis of all physical science in the future. Wm. R. Grove demonstrated that force, like matter, was indestructible, and from this is deduced the doctrine of the correlation of forces. We now admit that some of the actions of living bodies are the results of the correlation of forces, and we know that the chemical composition of man is the same as that of the inferior animals and plants. The rays of the sun add daily to the store of indestructible forces of our terrestrial bodies, maintaining life and motion. Life is thus the action of the natural forces upon the substances composing the living body; or, more tersely expressed, *life is a correlation of forces*. The forces acting within the living body are identical with those operating in the inorganic world, and every particle of matter within the body obeys implicitly the laws of the chemical and physical attractions. The experiments of Lombard have clearly shown that mental operations are attended by increased temperature of the head; and Prof. Baker inquires: ‘Can we longer doubt that the brain, too, is a machine for the conversion of energy?’

"These are the opinions and theories of eminent men, and the question is, are the premises correct? Huxley asserts that the phenomena exhibited by protoplasm, living or dead, are its properties, but we do not allow that dead and living tissue are identical; we *know* they differ. We claim conditions in living which do not exist in dead protoplasm, and that these conditions are in consequence of its being alive. We are warranted in asserting that living bodies are endowed with faculties not possessed by inanimate substances, and that, to a certain degree, they are not subservient to the forces of nature which dominate over all inorganic and dead matter. Beale says: 'It seems to me life can not be accounted for, except on the hypothesis of some force or power which influences in a manner we do not yet understand the ultimate elements.' Experimental science having exhausted her resources in attempting a solution of this question, we are constrained to ask: Where is this force of vitality? We believe that light from another source guides unerringly toward a solution of the question. No man of intelligence will, after full investigation, have the temerity to deny the adaptation of parts or organs to the duties they perform; in other words, purpose or plan is clearly discernible in the operations of nature, and are we not warranted in asserting that if design is apparent, there must have been a mind to conceive, a will to determine, and a power to execute such a design? If we deny that the highest manifestation of animated nature—man's intellect—is closely allied to the Supreme Ruler, then we have but the one alternative, as expressed by Prof. Tyndall: 'Let us lower our heads and acknowledge our ignorance of all.'"

The *Medical College of Ohio* commenced its regular course at the same time, with an introductory by Prof. Bartholow. The topic was "Experimental Therapeutics." It was intended to show that the therapeutics of faith and experience is fallacious, and that we are progressively approaching, in this department of our profession, the exactness of anatomy and chemistry. The lecture was illustrated with various experiments, repetitions of Liebrich and others, showing how we are coming to estimate drugs, even before their exhibition, with complete exactness. He closed as follows:

"Nothing is omitted in the scientific study of therapeutics which can throw light on the actions and uses of drugs. Vague



theories, dogmas, systems, have no place in a method which applies to its purposes the highest science.

"Homeopathy and allopathy are dreams of a by-gone time. Hippocrates said, two thousand years ago, 'Some diseases are cured by contraries, some by similars.' Hahnemann uttered, about one hundred years ago, 'Diseases are cured by similars.' Modern science is indifferent to Hippocrates and Hahnemann. If their statements will not bear the bright light of the present, let them wander back into the darkness of the past, to which they belong. The therapeutics of to-day reject dogmas, and the therapeutics of the future will accept nothing that can not be demonstrated by the tests of science. No longer faith, no longer a blind experience, will suffice, but keen observation guided by knowledge, every appliance of science, will be demanded. To the results that have been accomplished; to this hopeful future as foreshadowed in the work of the present, do we point when assailed by the skeptics within, and to the incredulous without, who need faith for the support of their opinions, having no basis of scientific fact on which to repose.

"To ourselves—what is it all worth? We may respond, 'What we know and what we accomplish.' We should not sit down in the ashes and mourn over uncertainties and doubts. To each and every one of us is addressed the injunction: 'Work while it is day, for the night cometh when no man can work.'"

\* The number of matriculants at the Miami Medical College on opening day was one hundred and three. We learn there was about the same number at the Medical College of Ohio. These figures are very considerably in advance of the numbers at the corresponding date of last year, and the prospects indicate a large attendance this winter.

*National Sanitary Convention.*—The health officer of this city, Dr. Clendenin, was a delegate to the National Sanitary Convention, and on his return has made to the Board of Health the following report:

"CINCINNATI, September 24, 1872.

"To the Honorable Board of Health:

"GENTLEMEN: I have the honor to report that in accordance with your instructions, forwarded to me by Mr. Nelson, clerk of the Board of Health, I proceeded to Long Branch, and attended the convention of sanitists, held at that place on the 12th instant.

"The following gentlemen were present, viz: Francis Bacon, M. D., Connecticut; Elisha Harris, M. D., New York; John H. Rauch, M. D., Illinois; Charles B. White, M. D., Louisiana; Moreau Morris, M. D., New York; C. C. Coz, M. D., District of Columbia; C. F. Chandler, Ph. D., New York; E. P. Porcher, M. D., South Carolina; Corydon La Ford, M. D., Michigan; John M. Woodworth, District of Columbia; Carl Pfeifer, New York; W. Clendenin, M. D., Ohio; Stephen Smith, M. D., New York; E. M. Snow, M. D., Rhode Island; Jerome Cochran, M. D., Alabama; J. E. Reeve, M. D., West Virginia; W. S. Barker, M. D., Missouri; Henry Gibbons, M. D., California; E. H. James, M. D., New York; Edward Hartshorn, M. D., Pennsylvania; — La Roche, Pennsylvania; C. B. Russell, M. D., New York; — Derby, M. D., Massachusetts.

"After holding a somewhat informal session, it was concluded to effect a permanent organization, believing that so doing would more fully and effectually promote the objects of the meeting. A committee having been appointed for the purpose reported a plan of organization, which plan, after careful consideration and some amendment, was adopted as the constitution, and the organization named 'The American Public Health Association.'

"The second article of the constitution defines the objects of this association to be, 'the advancement of sanitary science and the promotion of measures for the practical application of public hygiene.'

"The present health associations and laws under which boards of health of the several cities of the United States were now acting were fully discussed and compared. This discussion developed many interesting and useful facts, and much practical information, which must conduce largely to the public good.

"A free interchange of views was had relating to small-pox, Asiatic cholera, and other diseases incident to cities. The united experience of those in attendance fully confirm the belief in vaccination as a protection against small-pox. The opinion held in reference to typhoid fever was that it was a preventable disease, and that by the enforcement of proper sanitary regulations, it may be eradicated from any city or community, a fact which has been quite fully attested by the efforts of the Board of Health of Cincinnati during the last four or five years.

"A number of important committees were appointed to report at next meeting on various subjects relating to public health, viz:

"One to investigate the present quarantine system of this country; also the manner in which the laws are carried out, the results as to protection against the importation of diseases, etc.

"One on Asiatic cholera, and the best means to prevent it from again reaching this country.

"One on the hygiene of cities, embracing sewerage, house construction, water supply, etc.

"One on the propagation and extension of disease from animals to human beings, etc.

"On the influence of our school system, and social system in general, upon the public health.

"On the influence exerted upon the public health by certain trades.

"There were also several other committees appointed; the subjects, which were to be investigated by them, have escaped my memory.

"The next meeting is to be held in Washington City early in March next, to receive the reports of the committees appointed, in order that the public may have, as soon as possible, the benefits to be derived from their investigations.

"It will be observed that the labors undertaken by those composing the meeting are self-imposed, by experienced observers, and men of the highest intelligence and culture, and, moreover, each one is deeply interested in the work thus inaugurated and begun.

"I am, gentlemen, very respectfully, your obedient servant,  
"W. CLENDENIN, *Health Officer.*"

*Cincinnati Hospital.*—Rather an unusual event came off at the Cincinnati Hospital, on Wednesday, October 2d. A regular introductory address was given by Dr. C. G. Comegys, on behalf of the staff. The address was elegant and appropriate to the occasion. Dr. Comegys took the opportunity to review the past; to contrast the medicine of 1872 with that of 1820, when the hospital went into operation. He alluded in brief to the population and requirements of the city at that day; two or three attendants met all the needs of the hospital. But the city has grown in all directions, and its requirements are in proportion. Just so medicine has grown in all its proportions, and its necessities are accordingly. Dr. Comegys made graceful allusions to the medical heroes who have devoted themselves to the early medicine of the city; es-



pecially a tribute to Drake, and a recognition of the line of worthy successors who have worked in this direction. So, too, Dr. Comegys' address traces up the progress of medicine in all its departments for all these fifty years with spirit and fidelity. The whole lecture is of so much value that we trust the hospital authorities will secure its publication in full form. Thus far we only gave its most salient points. The address was given before a fine audience of students and the profession.

*The Great Cincinnati Exposition* is in its closing hours as we go to press. In its wonderful collection of American products, there are some matters of special interest to the medical profession. Thus we notice our chemists have contributed many things both of beauty and utility. Mr. Gordon as usual makes a fine display; Wayne also. The fluid extracts of Mr. Schmidt, corner of Seventh and Main, we think worthy of special notice in this connection, not only for their worth, but because, heretofore, Mr. Schmidt has not been well known as a manufacturer. But his process is wonderfully satisfactory as we have personally observed, and such of our physicians as have used his extracts uniformly pronounce them remarkably efficient and reliable.

*Surgical Instruments.*—We are very sure no city is better supplied with the various surgical appliances desired by the practitioner than ours. Thus, Mr. Max Wocher has been a leading man in this department for more than a quarter of a century. His store is elegant, certainly as attractive as the New York stores, and the physician will find in his case everything new or old that he will desire for practical uses. In due time we may call attention to other stores in the city as worthy of confidence.

*Catalogues.*—Lindsay & Blakiston have sent us their complete catalogue of medical publications. They publish a large margin of medical works, and the list is of interest to the profession. A catalogue will be sent, showing prices, opinions of the press, etc., to any one, on application to L. & B., Philadelphia.

*Robert Clarke & Co.* issue a catalogue of American and foreign works that will prove of especial interest to students. The prices of all the foreign works, foreign and domestic journals, etc., are all given.

*For Sale.*—Dr. J. R. Lewis, of Bryantsburg, Jefferson county, Ind., proposes to change his location. In view of this he offers seventy acres of land for sale, with residence, improvements, fruit, shrubbery, etc., for a good home, to a good physician. The price only proposes to meet the value of the property. Address Dr. Lewis as above.

*Tic Douloureux and Neuralgia.*—Hertzka, remarks the New York Medical Journal, believes he is making an important contribution to the pathology and treatment of nervous affections, by suggesting the causes leading to the differential diagnosis of the above-named affections, which, in most treatises on pathology, are completely identified, and which, nevertheless, are very different processes in the fifth pair of cerebral nerves. He herein merely reproduces the views of Professor Benedikt. The most important point in neuralgia is the kind and manner of the pain; the pain increases slowly, then remits slightly, later on becomes more severe, again remits a little, to increase again and entirely cease, or to continue in a milder degree. It further attacks entire nerves, and is rapidly and surely healed. In tic douloureux (Fothergill's facial pain), on the other hand, the pain is lancinating, increases rapidly, and sinks again rapidly; some single points only are attacked (Valleix's points douloureux), especially at the points of exit of the nerves out of the bones, and it is more rarely, and only gradually, cured. Both diseases are to be treated by the galvanic current, although in different ways. In tic the action is directed upon the trigeminus and the single painful points; in neuralgia, upon the vaso-motor nerve centers, and the sympathetic ganglia in the neck, in order to produce a contraction of the vessels through the vascular nerves; and further, the current is passed as well along the head, cervical vertebræ, and forehead, as through the head at the cheek bones.

---

Married, at the residence of the bride's brother, in Greenville, Darke County, Ohio, August 20, 1872, C. C. Sater, M. D., to Miss Helen M. McCaughey, all of Greenville, Ohio.

THE CINCINNATI  
LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XIV.—NOVEMBER, 1871—No. 11.

---

Original Communications.

*Art. I.—Some Points in Uterine Therapeutics.\**

By EDWARD B. STEVENS, M. D., Cincinnati, O.

At the last meeting of the Society I was designated to read a paper on *Uterine Catarrh*; but since that date such exhaustive papers have been published in this country upon this subject by gentlemen of far better opportunities for observation than my own, that I have thought it of more profit to myself and the Society to change my plan, and instead of a mature report upon a single topic, to give a more superficial review of some of the more important points pertaining to general *Uterine Therapeutics*.

I need not remark to gentlemen upon the extent or interest of the field which such inquiry opens; within a comparatively short time gynecology has really assumed wonderful proportions, and not only our ideas of its importance have greatly developed, but certainly all will agree our real and precise knowledge of the char-

---

\*Reprint from Transactions O. S. Med. Soc. 1871.



acter and modes of treatment of uterine diseases has singularly developed.

It is, perhaps, true that women of the present day are more subject to these forms of diseases than their grandmothers; it would be natural to expect this; with the growth of a great country comes the luxurious habits and tastes pertaining to civilization; the slaves of fashion, and dress, and dissipation, in their endless forms, become inevitably subjects of varied forms of *invalidism*, to which women of purer and simpler habits are utter strangers. But aside from these considerations we are mostly prepared to admit that we have been steadily progressing in more accurate estimates of both the pathology and therapeutics of *Uterine Diseases*.

In traveling thus far, it is not by any means strange that very opposite and extreme views have been honestly entertained by excellent and observing authorities. Take for example the ultraisms of the Bennett school on the one hand, and the like ultraisms of Rigby and West.

The Bennett school, doubtless, have been disposed to ignore the necessity for constitutional measures of treatment, and narrowing down their pathology to one or two local affections, have placed undue stress upon the corresponding plans of local treatment! But, nevertheless, this school has done much to advance correct ideas, and without doubt we may properly associate a large proportion of the most important recent advances in gynecology to their industrious efforts and teachings.

Rigby may be looked upon as the opposite extreme of ultra opinions—an extreme, perhaps, produced by the ardent views of Bennett. At the present time, however, it is difficult to understand how so eminent a man could deliberately express such opinions as these: "Neither do I consider that organic disease of the female generative organs is to stand as an exception to the importance of constitutional treatment! for I look upon it as no more than a *fragment* of a constitutional malady." Again: "I can no more look upon inflammation of the os and cervix as a primary disease, causing derangement of the general health, etc., than I could on a gouty toe, a rheumatic knee joint, or enlarged strumous gland. *Most of these uterine affections are the local manifestations of some general derangement.*" Or still again: "Ulceration of the os and cervix uteri (when unconnected with malignant disease) is a *very simple affection* of the mucous membrane

covering those parts, and *like ulceration of the throat and tonsils*, must be rather looked upon as a local result of constitutional derangement, *and treated accordingly.*" (Rigby, 1857.) So excellent an authority, too, as Dr. West, is very distinct in similar views of the superior importance of constitutional in preference to local treatment for the graver affections of the uterine structures.

It will not do to regard the teachings of such men with indifference; and there is a probability that many of us, in adopting what may be supposed more advanced notions, have vibrated toward the opposite extreme, and in a measure lost sight of the value of general medication. So, too, I fancy, that while Bennett was an ultraist in that he discovered almost an universal presence of ulceration of the os uteri, some of us, just now, are alike extravagant in the detection of universal conditions of endometritis.

We all realize too seriously how fashion governs us, and we find ourselves yielding to its control insensibly but still certainly; and this is more true, perhaps, in the field of gynecology than in any other department of our profession. What we want is the discriminating, careful, accurate judgment that will enable us firmly and independently to adhere, in our views of uterine pathology, and the proper therapeutic procedures, to the happy medium so well sung by the old Roman poet ages ago.

Not losing sight of the associate necessity in many cases of graver treatment, I may remark that there is a strong tendency, as just hinted, to rely on local measures; some of these recently becoming prominent, I propose briefly to notice; but first of all, nothing is more plausible than the idea that if the organic lesion is plain and primary, therapeutics direct is of chiefest import. In many cases this is undoubtedly true. Thus, Dr. Field, of Boston, relates a case of retroflexion with uterine inflammation, producing persistent constipation by virtue of the mechanical interference of the displacement; local treatment for the retroflexion, and a gradual reposition of the organ, with local treatment for the metritis, restored speedily the functions of the bowels. But such cases are exceptional, and while the organic trouble is the primary seat of attack, nevertheless the tendency is soon to implicate the whole system. The nervous system responds; the blood-making capacity becomes involved; and with long-continued local pain, yet she becomes, by and by, dispirited, broken down, devitalized, and in a variety of ways and directions a successful plan requires constitutional treatment. In some of these conditions of long standing,

the alterant treatment by mercury, or mercury and iodide of potash, as urged by Dr. West, is doubtless of value. But mercury is by no means our only or chief therapeutic agent. The value of iron, in some form, to build up and restore depraved or impoverished blood, is too well known to require comment. Most of us, I presume, have learned the wide range of utility secured by the use of bromide of potash, as well in states of nervous derangement as conditions of an inflammatory character. Arsenic has an important place, as an alterant, and particularly as some very good observers have thought, in the *constipation* of uterine diseases. In my own experience I have thought the nux vomica or strychnia was more efficient in meeting this indication. The judicious administration of this list of drugs will certainly facilitate the cure of these cases, and properly combined with the local therapeutics, will be found to *hasten the desired results*.

#### OPERATIONS.

The comparative impunity with which grave surgical operations have been performed upon the uterine structure, within a few years past, is something remarkable in view of the revolutionized uterine surgery of modern practice. It may not be amiss, in this connection, to allude to one or two of these. For the relief of the obstruction produced by an irremediable ante flexion, the operation proposed by Sims, and as modified by Emmett and Thomas, is to cut through one wall of the cervix, or remove a wedge of the wall, and thus substitute a straight canal for the crooked one. As just remarked, it is singular how little of unpleasant consequences has attended this operation; the philosophy of the suggestion seems plausible, but if we understand the recent reports of Dr. Emmett the results of the procedure have not been as satisfactory as was originally claimed or anticipated; and we suspect it will be found that much of the "cutting and carving" of this structure will ultimately be found to be far from the innocent character that ambitious gynecologists seem to imagine.

Of the same character would seem to us to be *amputation of the neck*. Under certain circumstances there can be no question of its propriety, and the operation has been performed ever since the days of Ambrose Pare; but for simple hypertrophied states and conical elongation, as is suggested, we can not omit this occasion to express a word of deprecation. But to continue in detail a review of these surgical points would be needlessly to extend this



paper. We will only notice one operation further that has been recently performed by Prof. Thomas, of New York, for the relief of obstructive dysmenorrhœa. Instead of making a rapid dilatation of the cervical canal by means of the hysterotome section, he proceeded simply to pare off, from about the os, a ring of tissue. Dr. Thomas claims both entire immunity from danger to the patient and successful results.

We turn to another field of brief inquiry : the relative opinions in reference to the safety of this sort of interference ; and we find that Emmett and Sims have reported a tolerance of the gravid as compared with the unimpregnated uterine cavity to the influence of foreign invasion which is remarkable. Ever since the pathology of the profession has become somewhat clear as to the nature of metritis and especially endometritis, there has been a strong feeling that some plan of intra-uterine medication must surely be best adapted to the rational and speedy cure of these cases.

Now, Dr. Mendenhall, some years ago, reported the efficacy of applying persulphate of iron in solution within the cavity, for the arrest of post-partum hemorrhage ; and other practitioners have adopted the same practice with safety ; but here we have a fully dilated condition of the os, and there is no retention of the fluid. On the other hand, very small quantities of the blandest fluids have been forced within the uterus in the normal condition of the os and cervical canal, and frequently with the effect to produce terrible pain and symptoms of too grave a character to justify such procedure except upon most careful and guarded methods.

To this end we now resort to processes of dilatation. Dilatation of the cervical canal is accomplished in several ways and serves several useful purposes.

Means of dilatation are of themselves therapeutic as well as diagnostic ; a dilating body is curative by virtue of the *pressure* it produces upon the cervical wall, and thus often itself is of advantage aside from the additional means afforded for other applications. Dilatation enables the attendant to more satisfactorily explore the canal and the uterine cavity. Dilatation enables us to overcome the narrowed or constricted cervical canal, which frequently produces an obstructive dysmenorrhœa. Dilatation affords the necessary convenience of access for intra-uterine therapeutics, as well as means of exit for fluids simple or medicated which it may be desirable to introduce.

Dilatation has its dangers. It frequently causes pain; the dilator itself may produce irritation and inflammation.

The means generally employed are some form of tent or metallic bougie. Each has its advantages and objections. *The sea tangle tent* is smooth, is readily introduced and free from irritation; but it dilates slowly and to a limited extent. When there is no reason for haste it answers well, and its expansive power may be increased by inserting several slips of the sea-tangle side by side. *The sponge-tent* is more frequently used; I prefer it myself because it accomplishes its work more readily. It is more liable to become charged with offensive fluid, but this may be corrected by proper medication, and the time necessary for retaining it is at any rate not very protracted. A more serious objection made by Dr. Nott is the probable fact that the expanded sponge affords a surface of irritating points to the delicate tissues of an inflamed cervical canal; but I have never observed this result.

*The hysterotome.*—Some prefer to incise the cervical canal completely with the hysterotome, following with a large sponge tent. This is rapid and complete, but the process of cicatrization is likely to nullify the final result, and, as a general procedure, seems to us objectionable.

*Metallic dilators.*—Instead of tents, metallic dilators are employed by some as the more satisfactory plan. Dr. Nott prefers a form of dilating forceps, which he describes in the *American Journal of Obstetrics* (November, 1869). Without any practical experience in this instrument, I should yet think it promises to be worthy of favor. But the graduated sounds, especially the set of curved sounds of Kammerer, seem the most complete instruments devised. They are so graduated as to present a small sound to commence the process, and the increased sizes may follow at such intervals as the judgment of the attendant may approve; operating precisely upon the same plan as the surgeon overcomes a strictured urethra.

But now having by some of these processes secured the free dilatation of the canal, we may, with comparative impunity, proceed to *wash out* the uterine cavity, and apply to its surface such agents, fluid or otherwise, as may be indicated.

The intelligent treatment of chronic endometritis now seems brought within comparative reach; we may bleed this inflamed surface, with Storer's scarificator, just as we would the delicate vascular structure of an inflamed eye; we may paint the surface

with such alterants as chromic acid or iodine, or some of the various agents fitted to change or modify the condition of the living membrane.

But that which is particularly interesting is to feel quite well assured that with these preliminary precautions, we may inject this susceptible cavity for purposes of cleaning or medication, with scarcely any fear of the uterine colic, so liable to occur otherwise. In a number of cases in which I have injected the uterus with this previous dilatation, there was no more disturbance than from passing nitrate of silver into the cervical canal; scarcely so much.

*Artificial impregnation.*—It would be improper to omit, in this connection, a brief allusion to a matter that is partly therapeutic, partly physiological, and certainly among the novelties of uterine therapeutics. I allude to the proposition to produce impregnations by artificial means. The proposition is to introduce the male sperm into the uterine cavity, thrown up by means of a delicate uterine syringe. Whether the husband is first to have sexual congress with the wife, or to perform masturbation, and thus afford the needed seminal fluid, is not stated. In any event the whole idea appears disgusting to the thoughts and customs of plain-minded Americans.

Of course, nothing is indecent that is absolutely necessary for the comfort or well-being of our patients; we are not to be oversqueamish in our sentimentalities, but the process certainly savors much of the mode of propagating frogs.

Finally, these points of review would naturally suggest to us a consideration of the interesting field of intra-uterine injections. To comment upon this would open up matters too extended for the proper limit of this paper. Besides, the contributions of Drs. Nott, and Peaslee, and Kammerer seem to leave nothing more to say. There is, undoubtedly, a growing disposition just now to make this form of therapeutics available, and we believe it promises to contribute very materially to our valuable stock of resources.



*Art. II.—On the Practice and Action of Medicine.*

By F. SEYMOUR, M. D.

The ancients tried to elevate medicine to the dignity of a science, but failed. The moderns, on the contrary, are, it seems, trying to degrade it to an art. Have they succeeded, or are they succeeding?

To look over the various medical journals that present themselves on every hand; to see the new and constantly recurring remedies specifically proposed for diseases; to see the opposite views taken by the lights in the profession; to find old theories and practice swept away by what are called new and improved ones; to note the ever-changing fashion (if you please) in the combination of remedies for the cure of sickness; to witness still, in spite of all the so-called improvements of treatment, many diseases still unconquered; the change of method of cure; the various ramifications and side issues in the teaching of the *arte medendi*; to witness the different views of the different schools in their ideas of the nature and treatment of disease; to read of the wonderful cures of cases by new remedies in the hands of some practitioners, who are ready with their certificates to place in juxtaposition the views of others who have used the same treatment, in the same class of cases, without any good effect; to witness diseases that, in spite of all our efforts, we can not benefit satisfactorily, is a picture that the thinking mind can only look upon with sorrow and regret. What is the cause of this apparent irreconciliation of ideas and failure of medical success? Is it that we have not yet succeeded in understanding the laws of organic life in action, or that we have started on a wrong foundation, and deducing but few facts of truth in our way, which, while they encourage us, yet lead us, like *ignis fatui*, from the side path of the true road, encourage us with bright hopes by the partial success to the further endeavor to find the final and true one. Let us trace back the history of medicine (or rather glean), as the history of medicine has too many hoary-headed centuries to trace back from its infancy to the present hour. It is somewhat strange, as Sir Wm. Knighton, physician to King George IV., of Great Britain, wrote: "It is somewhat strange that though in many arts and sciences improvement has advanced with steps of regular progression, in others it has kept no pace with time, and we look back to ancient excel-

lence with wonder not unmixed with awe." Medicine, he says, seems to be one of those ill-fated arts, whose improvement bears no proportion to its antiquity. This is lamentably true, although anatomy has been better illustrated, the *materia medica* enlarged, and chemistry better understood.

It is singular, also, that of the leading physicians of former times but few had anything but contempt for their profession; and it appears from that day to the present hour that the practice of medicine has become the butt for the wits of every age and country; they have amused themselves at the numerous inconsistencies and contradictions of its professors; and whether we admire the former bugbear of the Parisian apothecaries (Molière), who makes one of his *dramatis personæ* say to another, "Call in a doctor, and if his physic is not agreeable, I will soon find another to condemn it;" or feel disdain at the distrust of Jean Jacques Rousseau, of the faculty, when he said, "Science which instructs, and physic which cures us, are excellent certainly; but science which misleads, and physic which destroys us, are equally execrable; teach us how to distinguish them." Do we turn to Le Sage? How sceptical and more sarcastic. Shall we mention Locke, Goldsmith, Smollett, all three physicians, who had no respect for their art? Shall we advance the names of Swift, Temple, Hume, Adam Smith, Hazlett, Byron, and many others of the modern past; and if we place Frederick the Great, and Napoleon Bonaparte, and the Prince de Ligne, and many others in the same category in relation to holding contempt for medicine, what shall we think? But Frederick the Great, who killed more in one day than (as a certain sarcastic, anti-medical partisan said) all the doctors in Europe could in a month, could well be excused his laugh. But why is this? Why, I ask, is medicine so laughed at, criticised, berated, held in contempt by its so-called friends as well as its enemies? Let us find, or, if not finding, at least try to find the great error in the track of medical science.

Let us try and see why the many different views of the nature, pathology, and treatment of disease are held by our professional brethren. It is strange to see the variance with each other are even the greatest medical authorities on every subject in medicine, and you will find hardly agreement in any disease. Take pulmonary consumption for example: The celebrated Stohl attributed the frequency of consumption to the introduction and use of Peruvian bark. Morton, equally celebrated, considered the bark an

effectual cure. Reid ascribed its frequency to mercury. Brillonet distinctly asserted it is only curable by this mineral. Rush says it is an inflammatory disease, and should be treated by bleeding, purging, cooling medicine, and starvation. Salvadori considered it a disease of debility, and tonics, stimulants, and generous diet was the treatment. Galen, the ancient, recommended vinegar as the best preventive of consumption. Dessault, and other modern writers, assert it is often brought on by the common practice of young people taking vinegar to prevent their getting too fat. Dr. Beddoes, of England, recommended foxglove (*digitalis purpurea*) as a specific in consumption. Dr. Parr, with equal confidence, declared it was more injurious in his practice than beneficial. Then look at the many specific remedies and treatment, from *oleum morrhua*, or *jecoris aselli*—which was supposed for twenty years to be of such value owing to the iodine it contained, and which was found at last to contain nothing of the kind—then reaching down to Churchill, with his phosphites and phosphates to supply the waste; and last to a series of little articles opposite to it, that it was not the deficiency but over-excess and the treatment by nitro-muriatic acid and iron, a treatment which has been known for many years. I need not speak of the glycerine treatment, or of the inhalation treatment of thirty or forty years ago, or of Bishop Berkeley's treatment, or of the present fashionable atomizing and inhaling medication, or of the raw flesh and cow-stable treatment, as these are only treatments that are intended to meet the pathological indications. But what, I say, are we to infer from all this? *Not as some might be tempted to believe that the science is deceptive or incomprehensive throughout, but have we not neglected to make ourselves acquainted with the TRUE PRINCIPLES upon which remedies act, and know too little of the true nature of diseases?* In the early history of medicine the throes of disease were looked upon as the working of devils, and the unfortunate maniac and epileptic were termed demoniacs, and to cure them it was necessary to cast the demon out, and the traces of the clerico-medico power on our art still are visible in England, for although the churchmen there have long ceased to arrogate to themselves the exclusive right, the Archbishop of Canterbury is still permitted by the laws of his country to confer degrees in physic. Next came the laying of the sick man by the road side, so that the passers-by might tell him of any treatment that had benefited others laboring under the same disease. Then came the charmers, wiz-



ards, *et id genus omni*, and further on the schools of Egypt and Arabia. What have been learned from them? The teachers of those schools, and the eminent men of Greece and Rome, the great anatomical teachers and philosophers of the middle ages, knew not the circulation of the blood. How wild were their theories, how fanciful must have been their hypotheses, and until the seventeenth century, air and not blood was supposed to be the contents of the arteries (or *air vessels*). For how many years was anatomy considered only a fit study for sculptors and painters. Even the celebrated Sydenham had long and always ridiculed the practice. The English Hippocrates by his ridicule had caused the opening of dead bodies to fall into disuse, and it was all but forgotten when Baillie published his work on morbid anatomy, a book wherein, with a praiseworthy minuteness and assiduity, he detailed a great many of the curious appearances so usually found in the dissection of dead bodies.

For several ages the state of the blood was held to be the cause of all disease, no matter how the disorder commenced. Had you a shivering fit from exposure to cold or damp (malaria was unthought of then), the blood required to be instantly purified; a fever, and the blood had to be sweetened; were you poisoned by hemlock or henbane, the blood or its blackness was the cause of all your sufferings; and even now (zymotic poisons) are the great cause, and we are going nicely back by microscopic aid to germs, and sporules, etc., and thus present science is kindly reverting us back to ye good old times. Then, to get rid of the acrimony and putridity of that blood seemed to be the desire and anxiety, and so *detrahantur sanguinarius ad deliquin et repet si opus sit* was then the order of the day. When the patient died it was all owing to the accursed black blood that still remained in the system, and treatises innumerable were written on this great subject of scholastic disputation, and how it ought to be done. In course of time another doctrine arose, that all diseases arose or originated from or in the SOLIDS, and many the partisans that took it up, so that for several hundred years the fluidists and solidists divided the schools, and like Guelph and Ghibelline ranged themselves under the different leaders. We pass to our modern doctrines.

*Inflammation.*—For a long space the stomach held indisputable sway, the celebrated John Hunter and his pupil, the great Abernethy, bringing it forward—John Hunter making the stomach hold indisputable sway in the medical schools, and John Aberne-

thy coupling the whole alimentary canal with it, under the name of the digestive organs—and for a time derangement of the digestive organs was considered the cause of all disease. Some other partialist would have it that the *liver* was the great source of all ailments, and for a time (may I not say to the present hour?) it has put a great many fees into the pockets of the faculty.

Next in succession came the lungs and heart, which speedily, to a great extent, made people bid adieu to the stomach and digestive organs, and to Laennec's invention of the stethoscope we are indebted to more minute investigation of the thoracic organs. Now we will pass from the organs and come to another matter.

*The Tissues.*—The skin became the rage, the medical rage, and the doctors were very certain a great discovery had been made when their attention was turned to it. "Derangement of the skin" explained everything. It, the skin, had a pretty long run, but like its predecessors it was destined to fall, to be supplanted by another tissue, the *mucous membrane*. In Broussais' hands it first rose to eminence in France, and the author of the Practice of Medicine (used some twenty-five or thirty years ago, and at present highly valued by some), Dr. Armstrong took it up, and carrying it into the medical schools, became such an excellent stepping-stone as to make his fortune. Everybody went to hear what he had to say on the mucous membrane, and whatever trouble you had it was the mucous membrane at fault. Following that, the *secretions* came into play. Perspiration—"checked perspiration"—was the cause of diseases, and our grandmothers use it still. Next comes the "*b.le.*," which was supposed to be (and is it now?) the mysterious cause of so much offense.

In the hasty sketch I have passed gout, scrofula, scurvy, because they come under the heads of the fluidist and solidist, as undoubtedly gout is a corruption of the French word "*Goutte*" (drop), and perhaps it is not so bad if one of the causes is from a "drop too much." Scrofula and scurvy, in Latin and Saxon, are the same, viz: a dry humor. But we ought not to dismiss aristocratic gout so plebeianly, for it was thought so much of, that Crabbe, himself a physician, wrote:

"Some to the gout contract *all* human pain;  
They view it raging in the frantic brain,  
Find it in fevers all their efforts mar,  
And see it lurking in the cold catarrh."

And if we view it as written in the medical books, "Gout suppressed," "Gout retrocedent," etc., it is certainly not to be sneezed at. Now, do we not pay too much attention to nosology and symptomatology, to morbid pathology, to post-mortem effects, to the end instead of the beginning, to effects instead of causes, to the entire neglect of the vital laws of life, to the neglect of the brain and nervous system as a secondary mover and cause of all atomic, and organic, and systematic change? Are we not experimenters with medicines, having no certain or fixed principles on which we can base a certain knowledge of the action of medicinal agents? Do we know why mercury salivates, rhubarb purge, opium produce sleep, ipecac vomit, or carthartics purge? It is to that point that we must lead—that power that will give us control of the vital workings of the system, by our knowledge of the peculiar actions of medicinal substances upon the human system, and which will enable us to alter, improve, that which is wrong. It is of no use supposing that if an organ is wrong we can give medicine to set it right, as if our medicines, *per se*, had the power of altering direct, by selection by the organ, any morbid or imperfect action of such organ. There must and is some power which acts between the organ and the medicinal agent, and causes the organ or secretion to perform the function desired, or else we could act upon the organ in the dead body. Now, how do opium, strychnia, arsenic, and prussic acid act? Chemically it can not be, for they produce no chemical change—no visible decomposition of the various parts of the body over which they exert their respective influences. No man in his senses would suppose it mechanical. If they acted chemically, they would always act in the same way; but we find that to-night opium produces sleep, but to-morrow night it keeps the patient awake. Ipecac vomits to-night, while to-morrow it causes sleep; while the opium vomits—of course depending upon the peculiar condition of the brain and nervous system—at the time of taking it. Well, if the action is not chemical, and can not be mechanical, can it be electrical or magnetic? These two forces are one—at least practical philosophers include chemistry under the term electricity—and the celebrated Farrady was the first to prove that all three, in reality, are mere modifications of ONE great source of power; for electrical force can be so applied to compound bodies as to cause a true chemical decomposition of its ultimate principles. Now, electricity has caused cramp and cured it; so have prussic acid and nitrate of silver. It has caused palsy and



cured it; has not strychnia done the same? As with arsenic, it has made the stoutest shake in every limb, and, like the same agent, it has cured both. If it has set one man to sleep and kept another wakeful, opium has done both. The electrical force can be so managed as to produce attraction and repulsion in all bodies without altering their constituent nature. And by the same power, we can either make iron magnetic or deprive it of its magnetic virtue. Can we not reverse the polarity of the needle of a ship's compass? Is *electricity*, then, the source of medicinal agency—the source of power by which opium and arsenic kills or cures? Let us see and know the effect of the direct application of electricity to animal life. What is its action when directly applied to living man? It has caused, cured, and aggravated every disease you can name, whether in shape of thunder-storm or artificially induced by the less energetic combinations of human invention. If, as in magnetic phenomena, it can produce, take away, and reverse the polarity or motive power of the needle, can it not give, take away, and reverse every one of the particular functional motions of the various parts of the living body to which it may, under particular circumstances, be applied? As before stated, it has caused and cured palsy, and strychnia has done the same, etc. Is it not correct to think proven that the action of medicinal substances is purely electrical, owing to the electrical condition of the brain and nervous system at the time of the administration? Is it not precisely the same power that causes mercury to salivate, antimony to vomit, and rhubarb to purge? By the same power they may all produce reverse effects. Do not these substances act primarily through the medium of the brain and nerves? In regard to how a given substance shall influence one part of the system more than another, recur again to chemistry. Have we not an elective affinity, a disposition in inorganic bodies to combine with and alter the motions or modes of particular bodies more than others? By an elective affinity precisely similar, do opium and strychnia, when introduced into the living system, produce their respective effects, the elective power of one substance being shown by its influence on the nerves of sense, and that of the other on the nerves of the muscular apparatus. But here we may ask why the influence of opium on the brain should cause one man to sleep and keep another awake, and why strychnia, by a similar difference of cerebral action, should paralyze the nerves of motion in one case and wake to motion the nerves of the paralytic in another?

The answer affords a fresh illustration of the truth of the electrical doctrine. The atoms of the specific portion of brain of any two individuals thus oppositely influenced, in either case, must be in *opposite* conditions of vital electricity; negative in one, positive in the other. And what but opposite results could possibly be the effect of any agent acting electrically on any two similar bodies, whether living or dead, when placed under electrical circumstances so diametrically opposite. By following out these ideas or principles, can we not see how or why colchicum, mercury, and turpentine can all three cause and cure rheumatism; why acetate of lead can produce and cure salivation; why cubeb and copaiba can relieve urethritis in one man and aggravate it in another; why musk may excite and stop palpitation of the heart; why the fevers of puberty, pregnancy, small-pox, etc., have each cured and caused every species of disorder incident to the respective subjects of them, and why the passions have done the same. What better proof can we have of the nature of the passions than this? Have they not each and all of them cured, caused, aggravated, and alleviated almost every human disease—each ache and ailment—to which man is liable from ague to epilepsy, from toothache to the gout? Like opium and quinine, have not every one of these passions a double electrical agency—in one case reversing the particular cerebral movements on which existing symptoms depend, in which case it alleviates or cures; in another, calling them up or adding to their rapidity when present, in which case it causes and aggravates simply?

But to account for apparently anomalous effects of all medicines it is necessary to account or explain why opium, instead of producing its usual somnolent or insomnolent effects upon particular individuals, acts upon them like antimony or ipecac? Did opium or antimony uniformly affect the identical portion of brain in all persons, the medicines could never do more than one of two things—aggravate or ameliorate the symptoms which in healthy persons it could never fail in producing. Now, if medicinal agents act by changing the movements of the cerebral parts over which they exercise their respective influence, antimony and opium by changing the electric condition change their respective characters accordingly. Indeed, by this duality of movement, attraction and repulsion, can we not explain every variety of change the body assumes, either in health or disease. Does not attraction cause the fluid matter of a secretion to become organized and consistent,

again to be thrown off by the same organ in the fluid form of secretion by repulsion. Let us consider that arsenic bichloride of mercury and alcohol in minute doses act electrically on the LIVING stomach, whether for good or evil. In large doses all three act chemically upon the same organ, for then they invariably decompose it; but the same doses applied to the *dead* stomach preserve it from the putrefactive decomposition. The mineral acids, when properly diluted, act electrically upon the human economy. In their concentrated state they decompose every part of the body, whether living or dead, to which they are applied. The poisons of the cobra de capello and rattlesnake, so deadly to other animals, have no visible effects upon their respective species, nor indeed upon any animals that want the backbone; they have no influence on shell fish or mollusca. What but electricity in its various modifications can explain all this?

To proceed. Are we not derelict in watching the phenomena of the vital living laws? What do we know of or rather teach in relation to periodicity and change of temperature? It is true we are slowly paying attention to temperature in certain diseases; but we have failed to examine the changes of the organs produced by such changes of temperature. We have not yet taught the grand unexceptionable physical law, that we must have change of motion with change of temperature, and that with change of temperature change of motion must follow, and whether it be in the shape of organic action, or secretion, or lesion, the change must take place, and that every atom of the material body is constantly undergoing a revolution or alternation; liquid or aeriform one hour, it becomes solid the next, again to pass into the liquid or aeriform state, and ever and anon varying its properties, color, and combinations, as in brief but regular periodic succession, it assumes the nature of every organ tissue and secretion, entering into or proceeding from the corporeal frame. It is everything by turns and nothing long.



*Art. III.—Medico-Legal Insanity.*

A paper read before the Meigs County Medical Society, and ordered to be published in the LANCET AND OBSERVER.

By A. L. KNIGHT, M. D., West Columbia, West Virginia.

Why the subject of insanity should have been chosen or proposed for essay and discussion before this association, knowing, as it does, the comparatively fruitless efforts that have been made for the past two thousand years to elucidate this bane of the human family, is beyond the conjecture of your humble essayist, who can see no positive good likely to result from an investigation of the various theories that have been from time to time offered, of a practical character, falling within the sphere of our medical duties; for it having been determined that a party is insane, the asylum is universally made the receptacle of such parties or patients in all well-regulated and civilized countries!

This is the best practice that could have been devised, having its only exception in this: that persons may occasionally be deprived of the society of friends and that great boon—liberty and the pursuit of happiness—and be incarcerated in jails and asylums, to drag out a wretched existence, through the machinations of malicious and designing parties, supported by the ignorance of experts, where nothing more than eccentricity of character existed. This, however, is the exception to a good rule of practice, and so rarely happens that it affects the rule but little; and were this subject better understood the exception might seldom or never obtain. I mean by this the line of demarkation between sanity and insanity, upon which the gist of this paper will be directed, inasmuch as the moral and social relations of the human family depend upon the latitude given in making this distinctive line, and this, of course, only involves the question in a medico-legal point of view, which will, in a great measure, preclude the cause or causes, and the treatment of this disease, or rather phenomenal effects of disease. And notwithstanding we abridge the subject by curtailing it in this way, still, in a medico-legal point of view, it looms up in gigantic proportions, that can only be glanced at in a paper like this.

The first in the list claiming our attention is the moral attitude

insanity holds to crime. I take this proposition, first, because the plea of insanity of late has been so frequently and recklessly urged in the courts of our country, a glance at the annals of which brings the burning blush of shame, in witnessing the cringing, fawning manner our medical brethren have comported themselves, in many instances, before tribunals in which the great moral principles of our land were involved, arrogantly testifying in favor of some wealthy, influential friend, imputing to him either directly or indirectly that state of mind that the law has defined to be irresponsible for its acts. Perhaps I am not justified in thus maligning the profession. But this state of things may happen, even where the expert gives his evidence under purely disinterested motives. Take a case for instance. A party is arraigned for a certain crime, who has wealth and influence. His astute attorney knowing the kind and quality of evidence necessary to make his client irresponsible for his act, the criminal's wealth procures it. Medical experts are called to say that the *evidence*—yes, the *evidence*—goes to show that the party was laboring under a *fit* of insanity. A *fit* of insanity! Shame! It is passing strange how willingly medical gentlemen allow themselves arranged on either side in matters of this kind, incompetently testifying, often making their testimony contradictory and irrelevant, thus lowering the respect for the profession. It is an inglorious stigma, and, perhaps, with some justice attached, for ignorance and cowardice must have their sequelæ. It is cowardly not to confess our ignorance.

There is a fine exception, though, in the case of Dr. Allen, of Memphis, Tennessee, who, being called to testify as an expert, said: "I have been a practicing physician for nearly thirty years; have been ten years Medical Superintendent of the Kentucky Lunatic Asylum, and during that time had over two thousand crazy people under my charge, and I say that the more I study the subject of insanity the less I understand it; and if you ask me where it begins and where it ends, neither I nor any physician in the world could tell you. In fact, on occasions like this, lawyers make fools of themselves in trying to make asses of doctors." *Philadelphia Medical and Surgical Reporter*, April 1, 1871.

This is candor, bravery, and honesty, but perhaps savors too much of humility; for although, perhaps, he nor any other physician can neither tell the beginning nor ending of the disease, they may be able to draw very clear distinctions between a healthy or unhealthy state of mind, and with as great a degree of certainty as

he could in any other disease, yet we can not help contrasting the modesty of Dr. Allen and others with the brazen affrontery of those experts who give evidence before the courts from time to time, where evident criminals have been acquitted on the plea of insanity, and then turned loose upon society under the imbecile plea that it was a *fit* of insanity obtained *just* before or at the time of the criminal act, and passed off spontaneously with its committal.

This state of affairs is not the worst feature connected with our social relations, for it is lamentably true that for the want of judicious medical investigation many racked and wretched souls have felt the rigor of laws to which they were not mentally responsible.

Now, gentlemen, I expect by detailing these stubborn facts to awaken an interest in you upon this great question, so that it may be said that not one member of this association is recreant in his duty as a professional guardian of social relations, or indifferent to the investigation of any cause interfering therewith.

It has been said by an able jurist on the bench in this house, that "the evidence of medical experts upon the subject of insanity is of no more value than that given by any sensible non-professional gentleman."

And it was said by one member of this association, "that the learned judge was about right." This is no source of wonder, taking the reports of our courts, with the medical evidence given, as an index of medical ability. But, gentlemen, I am happy to say that such is not the case. The evidence here alluded to is nearly, if not always, given as purely expert opinions upon foregoing non-professional evidence, and the courts, in their ignorance upon the subject, have compelled medical men to give evidence, based upon the testimony of illiterate persons, who could tell nothing but the eccentric acts of the party whose sanity was in question. Medical men being compelled to yield to this mode of investigation must necessarily make many blunders. If a party might detail to you all the symptoms of intoxication in a third party, without giving you any evidence that they had seen or knew of his having swallowed any intoxicating fluids, would you be warranted in giving evidence that that third party was inebriated? Certainly not. Or, if you please, were you to see for yourselves a party with such symptoms, without knowing that he had a direct cause for them, would you unhesitatingly declare him intoxicated?



If you did you would resemble the multitude in the early dawn of Christianity, who declared the disciples of our blessed Savior intoxicated at the third hour of the day. So in dealing with this question in a legal point, we can not be too cautious in our manner of investigations, for if we are not we should not be surprised that such expressions should be made by scientific gentlemen of the other professions, and especially by those of the legal persuasion, who are, as it were, the executives in nearly, if not quite, all subjects of *morbus mentis*, at least of those brought under their authoritative attention.

But these latter gentry are generally grossly ignorant in the science of psychology, physiology, and pathology, and who, from their false training, regard the mind as an entity that can be tangibly dealt with as any other thing having a state of being.

Nor is this idea confined to the legal profession. You will find it pervading the intellectual world, and has done so for thousands of years. Flippant, would-be philosophers have, in all ages, devoted valuable time—written theory upon theory upon what they are pleased to call “the spiritual essence of man;” book has followed book upon the philosophy of inductive reasoning (upon mental phenomena), all of which having the sickly taint of referring the power of reason to this great chimerical phenomenon—the spiritual part of man’s nature. These things would not be objectionable did they give us any tangible and shining truths to guide us in this labyrinth of dark speculation. Hence we are under the necessity of seeking other channels in order to arrive at the truths involved in this question of insanity.

In order to encourage you, gentlemen, to think more willingly upon this subject, I will quote from Dr. Winslow, where he gives, at some length, his opinion after hearing Baron Branwell in his charge to the jury at York, in the case of William Dove, the insane necromancer:

“Experts in madness! mad doctors!” indignantly and offensively exclaimed the Baron.

“Why not? We have recourse to able, skilled, and scientific witnesses to elucidate difficult and disputed points in engineering, architecture, mechanics, navigation, feigned writing, chemistry, and many of the exact as well as speculative sciences, and upon what ground should we repudiate the testimony of learned and experienced men, practically acquainted with the phenomena of insanity?”

Again he says: "Far be it from me in any sentiments of compassion I may express for the unhappy lunatic, doomed to an ignominious death, to be otherwise than keenly alive to the wailings of distress proceeding from the once happy dwelling, made desolate by the ruthless hand of the murderer. Sorry should I be if I could ever ignore the terrible sufferings so often entailed by crime on the widow's hearth and the orphan's home."

The fearful results—the sad consequences of crime—should never be lost sight of while endeavoring, by carefully-considered scientific principles of medical psychology, to shield the criminal, under the plea of insanity, from the legal penalties attached to his act; but no amount of public odium to which the medical witness may be exposed, no extent of scurrilous abuse which may be leveled against him, should influence or deter him, when called upon, to give evidence in cases of alleged criminal insanity, even to the weight of a hair, in the steady, fearless, and unflinching discharge of one of the most important, sacred, and solemn functions that can be delegated to a responsible being.

Perhaps I have dwelt sufficiently long upon this part of my subject, but knowing the apathy existing in some members of this association for anything pertaining to diseases of the mind, I feel very much inclined, did time and space permit, to review in detail all points connected with our grave responsibilities and duties to that unfortunate class of our fellow-beings, dethroned of reason—that diadem and insignia of man's nobility, an emblem of royalty that places him on the pinnacle of fame, and makes him the proud ruler of animated nature. Dethroned of this, and he is degraded to the sphere of the uncultivated beast of the field, with subtle and cunning instincts, coupled with the venom of devils incarnate.

As my essay is growing too lengthy, I shall not consider our duties in relation to the business and moral aspects induced by insanity, but pass to the subject in chief—that is, to determine with exactness the standard dividing a healthy mind from insanity. When we shall have accomplished this we shall have done all that can be expected of a medico-legal investigator. Here I shall draw upon Dr. Winslow for the following interrogatories, some of which I propose a solution of. I agree with him that, before proceeding to an analysis of the premonitory symptoms of the various types and phases of mental and cerebral disorders, that they suggest themselves as a prefatory or starting point in this inquiry:

“What is insanity? Is its nature known; its essence discovered; the laws governing its phenomena understood? What is the constitution of its *materies morbi*; the exact condition of the moral and intellectual faculties, emotions, instincts, or passions during—to use the significantly suggestive language of Coleridge—‘the mind’s own revolt upon itself?’ In what does mental derangement consist? Is it an affection of the moral, intellectual, emotional, or perceptive faculties, and are the reason, judgment, comparison, memory, and imagination most implicated in the malady? Is there a type of insanity manifesting itself more in conduct than ideas? What is the nature, where the seat of the alienation of mind? In which of the mental faculties does the disease commence its ravages, and where is the precise position in the brain of the latent, insane nidus or germ? Is insanity an affection of the mind *per se*? Has the disease a psychical or a somatic origin? Is it possible for thought in the abstract to be diseased, independently of images occupying the consciousness? Does alienation of mind depend not exclusively upon a psychical or somatic cause, but upon a disturbance in the normal *relations* existing (in states of cerebral and mental health) between the mental and physical functions of the brain?”

He further says that, before endeavoring to solve these subtle and abstruse psychological problems, it will be necessary to ask, “What is mind? Have we any knowledge of its *nature*, clue to its *seat*, accurate idea as to its mode of *action*, or anything approximating to a right conception of its essence?”

The foregoing interrogatories have the same interest attached to them, to the medical jurist and witness, requiring solution, as for the psychological and pathological practitioner.

Before attempting a solution of these subtle questions, permit me to say that they have not yet been satisfactorily solved by any known psychologist. Theory is all that has been presented, and in that degree of latitude and plenitude that we all feel an inclination to ignore the whole subject or substitute those of our own.

Now, to my mind, theory will answer very well when its predicates can be substituted for facts, and do not conflict with facts that present, or may be presented in the analysis:

What is insanity? A direct and satisfactory answer to this would close this paper could it be given. Many have been offered and rejected, some of which have been ingenious, but would not



stand the test of the numerous phases this disorder assumes. Could an answer be framed, even theoretically, whose propositions could, under all phases, be taken as predicates, substituted for facts, then we shall have accomplished more than has heretofore been accomplished.

Of course an *attempt* of this kind should not be made without great caution, and must be based upon the phenomena of the disease, and not the disease itself.

What is insanity? I believe insanity to be that condition in which cause and effect can not be associated in proportion to the training and education of the subject, coupled with abnormal impressions of the sequences, and impaired or loss of volition.

Before proceeding to analyze this proposition, let me show you that it does not necessarily cover idiocy or imbecility (which although are but distinctions in name), for certainly the imbecile and idiot are *non compos mentis*; yet jurists in practice compel us to make the distinction. This answer does not apply to their case, at least to the former, because he is incapacitated for training or education.

Now, gentlemen, before you deny this compound proposition you will grant this, that it will not apply to any sane mind; that a sane party can associate cause and effect in proportion to his training; that the sequelæ are expected, and impress him normally, and that he possesses volition; and that the only difficulty in the application of the answer or rule is that the condition may be feigned. That parties have feigned symptoms of insanity is doubtless true. This does not destroy the proposition. The well-informed expert would soon pierce the flimsy veil of imposition in the same manner that he would determine drunkenness. Other evidence would be sought and found before pronouncing judgment. He would ascertain that it was not the constant state of the inebriate; that he had obtained the intoxicating material; that he had imbibed it, and showed other marked effects of that material known to him. And by the same course of deduction, reasoning from sequence to cause, he can determine whether the condition under the answer is real or feigned. This conclusion would be arrived at from the antecedents or supposed causes giving rise to the disease, or their entire absence in a case of imposition. Here I might enter into a detail of the antecedents or supposed causes of the various forms of mental alienation, with some of the various

symptoms, did space permit. I shall defer that part of the subject for the present and discuss the second interrogation.

Is its nature known, its essence discovered, the laws governing its phenomena understood? These appear to my mind very absurd and far-fetched questions, beyond solution in the present state of science. We say that we know that under certain conditions seeds germinate and grow; that the plant assumes a certain form of cell structure; that it requires special food for its life and growth; that it has the inherent power, under these conditions, to digest the materials within its sphere and convert them to its own use and structure. So we say the same of the animal, with this in addition, that the animal, not having sufficient in its natal sphere, is endowed with impressibilities that cause it to perambulate a larger sphere to obtain the necessary elements of its life and growth. Possibly there are laws regulating these conditions; if so, they are easily broken, for various accidents will counteract these processes, and subvert the action of the law or laws entirely. But law or no law, we witness the phenomena of the growth, and ferret out the conditions necessary thereto, and it is rational to presume that all these qualities are latent in the germ in both the vegetable and animal, and that certain conditions develop them—that the animal's impressibilities or instincts (if you please to call it by that name) begin in the germ and grow by means of the maternal food furnished; or, in other words, the maternal impressions are transmitted first to the germ, then to the fetus in regular gradational growth during its uterine gestation. This proposition can not be objected to, because the over-pervious animals have instinct on their transition from incubation, unless we assume that all animals and vegetables have all their elements independent of parental influence *ab initio* in the germ of its existence, which, for our purpose, would amount to about the same thing, for it admits of the principle that the laws or power of mind is attached to the physical organization, and that the mind *per se* are those mental phenomena, or the sum total of accumulated and retained thought, and experience proves that a deranged physis induces deranged thought. Of course this opens a large field for speculation foreign to our purpose. We will content ourselves with our ignorance of these laws governing sane thought, and suppose that the accidents setting them aside are the laws and only rule that governs insanity, and that a disordered physis is its (the insane) essence.

“What is the constitution of its *materies morbi*?” This question is evidently answered in the foregoing, if the position in it is well taken—that is, that any cause operating versus the law or laws of sane thought would legitimately take the place of the constitution of its *materies morbi*.

The exact condition of the moral and intellectual faculties, emotions, instincts, or passions during a mind's revolt upon itself. These are simply high-sounding, arbitrary terms, for which we have no fixed standard, and only serve us as means of comparison in the individual case compared with their condition in his sane state.

“Is there a type of insanity manifesting itself more in *conduct* than in *ideas*?” Such a type can exist possibly where volition is much impaired or wholly wanting. Doubtless this does frequently happen; and this type would constitute one of the most difficult to define in a court of justice. The party reasons well upon cause and effect; is, perhaps, nominally impressed with sequelæ, and yet shows by his acts a perversion or loss of will. I need not add that this type is the most obnoxious to the perversion of our moral and social relations. Thousands of happy homes are rendered desolate in all that goes to make home happy; bankrupted in property, in kind acts, prudence, charity, and reciprocal love.

What is the nature, where the seat of alienation of the mind? This is only a slight variation of former interrogations, the first part of which has already been answered as far as we are capable of answering it. But I will put it in other words. The nature of mental alienation is *natural*, in the fullest acceptance of the word, for experience proves that twenty-five per cent. of insanity has its *nidus* laid in the fetal germ, parentally transmitted, which is evidently a malformed physis, even if you extend or trace it to the nerve fluid. And I am very much inclined to the opinion that all cases could be traced to hereditary influences, had we at all times the means of carrying our investigations that far. And I look upon the causes that are supposed to induce this alienation as nothing more or less than so many exciting causes, acting upon an organization having in its beginning the seeds of the disorder implanted within it. This I offer with modesty and caution. I come to this opinion from the analogy of this to other supposed hereditary diseases.

You will please to see that the foregoing definitions of the inter-



rogatories propounded by Dr. Winslow are based upon the condition constituting insanity, its varied phases and phenomena, in the same manner that we estimate machinery by its works and functions, and will be valuable in proportion that they hold good in practice. If they do hold good we come to this conclusion, that the disorder has its existence in the material organization, and perhaps confined to the *genus homo*; that it is recognized by its phenomena; that its apparent varieties are only different phases of the same disease, modified perhaps by the multitude of exciting causes, and that the classification of these phenomena are only arbitrary names, introduced under a false notion, to facilitate an elucidation of the disease, which custom and the rules of our courts almost compel the medico-legal jurist to follow.

Taylor, in his "Medical Jurisprudence," says that the law of England recognizes two states of mental disorder or alienation: 1. *Dementia naturalis*, corresponding to idiocy; and, 2. *Dementia adventitia*, or *accidentalis*, signifying general insanity, as it occurs in individuals who have once enjoyed reasoning power. Lunacy is a term generally applied by lawyers to all those disordered states of mind which are known to medical men under the names of *mania*, *monomania*, and *dementia*, and which are generally, though not necessarily, accompanied by lucid intervals. The main character of insanity, in a legal view, is said to be the existence of delusion, *i. e.*, that a person should believe something to exist that does not exist, and that he should act upon this belief, and that these delusions should be such as to lead him to injure himself or others, in person or property, before the case is considered to require legal interference. There is yet one other condition that to my mind is insanity, that the courts have taken cognizance of, that may be exempt from delusions—that is, unsound mind—*non compos mentis*—where a party shows incapacity to manage his own affairs, make a will, etc.

Some psychologists have attempted to draw a distinction between this and insanity, but, to my mind, their arguments have not been based on tenable grounds; and it is remarkable how closely the state of mind will be scrutinized, by parties pecuniarily interested, of a demented testator, when that same party could or did contract marriage, thereby entailing his disability upon hundreds, perhaps thousands, of unborn creatures, in the very face of friends, and those styling themselves philanthropists, with perfect impunity. Here I might give you the general rulings of the

courts upon this particular branch of insanity, but I will not occupy your time with that tedium.

Medical jurists have generally treated insanity under these distinct forms, viz: Mania, dementia, monomania, and idiocy. There is little difficulty in determining the first, with the symptoms of which you are all perhaps conversant, unless it be feigned, and here, as before said, the antecedents will be your guide in a great measure; besides the feigned symptoms are generally overdone, the acts are generally more violent than the expression of the eye would indicate to be unfeigned; the party shows an inclination to be thought insane, which is never the case with this madness. If the impostor be closely watched, it will be found that he requires sleep, or has slept well during his supposed secretion; you should look well to the motive for setting up the plea. If it be found made to escape punishment, especially for the graver offenses, suspicion of the imposition always attaches, or at least, in my opinion, should attach.

*Dementia.*—The characteristic difference between this and idiocy is the lucid intervals, previous sanity, and the ability perhaps to entertain some train of thought; in other respects it would be idiocy accidental, if I may be allowed the expression.

Monomania is certainly a barbarous term, introduced by the legal profession, for insanity upon any one thing would fill this condition; but in a legal view it is not so hard to comprehend, as it recognizes murderous or suicidal mania; that the emotions are excited to that extent that will is powerless to restrain the murderous act. This would be extremely hard to determine; but were we to see a party that was apparently always under self-control on all occasions, with a manifest desire to kill exhibited in his demeanor, or confessions, it would be strong presumptive evidence of homicidal mania. And this presumptive evidence would be very much supported could we discover an hereditary predisposition to the disease in any of its forms, for this monomania to medical men is only regarded as a special type of the disorder. Yet we see, according to Chitty, that proof of paternal insanity of itself is not admissible as evidence in either criminal or other cases; but the courts have regarded it as strong collateral evidence. Still, in my humble opinion, it has been too much ignored, especially if we admit the proposition advanced in a former part of this article.

I am sorry that space will not allow a longer discussion of these four medico-legal definitions, as we will often be embarrassed in

making a case fall within these types, and still be able to find a case of so much mental disorder as to create an incapacity for managing the ordinary affairs of life.

"Dr. Connelly has suggested one method which it would be advisable to adopt," says Taylor, "namely, to cause the individual to express his thoughts in writing; he would not here be led to suspect that he was being subjected to an examination for a hostile purpose."

This part of our subject grows in interest should we extend it to various rulings of the courts in this and other countries, in which they have required test for the incompetency to contract marriage, make wills, transact ordinary affairs, the exact point for the restraint of liberty, etc., a fair discussion of which would require more space for each proposition than has been taken for this article.

I have attempted in this a general introduction to the subject; have tried to clear up the rubbish that overlies the starting point; have made several new propositions for your consideration that I think will aid us in dealing with the question, in the circumscribed sense to which the courts confine us; have purposely omitted all the supposed exciting causes of the disorder—the various symptoms by which the disease may be recognized—as foreign to this essay. If I shall have aroused your interest in the subject, I shall consider that I have accomplished a great deal.

---

#### *Art. IV.—A Case of Puerperal Convulsions.*

By C. B. HALL, M. D., Miller's, Ohio.

On the 24th of July, 1867, I was called to Mrs. H., a short, thick-set, dark-complected woman, aged 17, in her first labor. Her residence was about four miles from my office, and I arrived at 8 o'clock A. M. I found her sitting on a chair, and soon observed that her pains were strong and frequent. I made the examination at once, found the os pretty well dilated, head presenting, and everything apparently favorable. Shortly after she took the usual obstetric position on the bed. About 9 o'clock, during the acme of a pain, her eyes began to dance in her head, the muscles of her left cheek to



twitch, her head was drawn violently to the left and slightly upward, and she went off into the most violent, horrible convulsion I ever witnessed, the face and lips turgid and purple, frothing at the mouth, etc. As soon as possible I tied up the arm, and took about a quart of blood. I also dispatched a messenger to my office for chloroform. I showered her head freely with cold water from a pitcher, again and again. She did not recover consciousness, but lay in a stupor with slight convulsion with every pain. At half-past ten o'clock she was delivered of a fine, large boy. The placenta followed shortly, and the uterus contracted satisfactorily. I now hoped the convulsions would cease. Not so. In about an hour she was violently convulsed. I gave her  $\mathfrak{zj}$ . pure chloroform. Also  $\text{gtt. iv.}$  croton oil, followed in one hour with an enema of castor oil and spirits turpentine, beat up with egg.

In a short time the bowels were thoroughly evacuated. The stupor still continued, but no convulsion for three hours. I had the hair removed, and ice applied to the occiput constantly. I left some chloroform, and directed  $\mathfrak{zss.}$  to be given after each convulsion, should any occur. On making my visit next day I found she had had two slight convulsions, and they were even the last. The ice to the occiput was continued for three or four days, and she had calomel and pulv. antimon., and laxatives, and toward the last quinine. She made a good recovery. The four days from July 24 to July 28 are a blank to her.

On the 17th of October, 1870, she was confined again, without a bad symptom.

The point to which I would call special attention is the use of pure chloroform by the stomach. Its power to arrest convulsive action, when taken in this way, seems to be magical, while I can not help thinking that its use by inhalation must be detrimental, by interfering with the due aeration of the blood. This will be more apparent if we reflect how very imperfectly the function of respiration is performed by a patient laboring under convulsions; and how important it is that the carbonized blood should be oxygenated.

*Art. V.—Suppression of Menses Caused by Imperforate Hymen.*

By E. J. McCOLLUM, M. D., Tiffin, Ohio.

I was called to see Miss L—— H——, aged 17 years, whom I found suffering severe pain in the lumbar region and in the womb. She was tall and pretty well developed for a virgin of her age. I inquired of her mother whether she had ever menstruated. She informed me that she never had. I directed a warm hip-bath, morphine, camphor, hydrate of chloral and chlorodine, with a view to relieve pain. On the third day she was entirely relieved of pain. I then prescribed mild emmenagogues, expecting to establish the menstrual discharge in one or two months, but was disappointed. In twenty-eight days from the time of my first visit, I was called again, and found her suffering worse than when first called. Narcotics, saporifics, fomentations, and clysters were again resorted to, with less effect than on the former occasion. At this time I could distinctly feel the uterus through the clothing and walls of the abdomen. I told the mother there was some anatomical or unusual cause of the suppression. I directed the mother to send for me the next time the pain returned, and I would examine her per vaginum. One month later I was called in haste by the father, who stated that she suffered intensely, and that former remedies had failed entirely; he said he feared, if not relieved, she could not survive long. At this visit, June 16th, I took along such instruments as I expected would be needed. Upon examination I found the vagina entirely closed by the hymen, the uterus distended to about the size of a gravid uterus in the fourth or fifth month. The pressure on the hymen, caused by the fluids retained in the womb and vagina, caused the hymen to protrude even with the external labia. I made a free incision of the hymen, which I found about three lines in thickness.

I had the gratification of seeing my patient entirely relieved after discharging sixty-four ounces about as thick as honey. By making pressure on the womb, the entire contents were discharged, the enlargement and pain disappearing simultaneously.

Should any of my professional brethren meet with a similar case, I hope their modesty will not keep their patient suffering three months.

## Medical Societies.

### CLARKE COUNTY MEDICAL SOCIETY.

Fifth Session of the Twentieth Year—Subject. Anæsthetics.

The Clarke County Medical Society held its regular monthly session for October, on yesterday afternoon (9th), commencing at 2 o'clock, in Central Hall. Present, Drs. Banwell, Bryant, Buckingham, A. Dunlap, Hazzard, Hayward, Kay, McLaughlin, Owen, Pollock, Reeves, Rice, D'Richey, R. Rodgers, J. H. Rodgers, and Senseman.

After calling the Society to order, the President, Dr. Senseman, announced the regular order of the day to be the discussion of the subject of ANÆSTHETICS.

Dr. Hazzard commenced the discussion by reading an able essay upon chloroform, which he was pleased to term the King of Anæsthetics. Chloroform was an active, subtle agent, composed of hydrogen one part, carbon two, and chlorine three, of a clear color, with a specific gravity of 1.45 to 1.5, not inflammable, very volatile, and sparingly soluble in water. Its vapor was four times as heavy as atmospheric air. Too much attention could not be given to the purity of chloroform. No article should be used with a specific gravity below 1.48.

Much emphasis had been laid upon the proper mode of administering this article, and many contrivances had been invented, by which a due proportion of atmospheric air might be admitted into the lungs at the same time with the anæsthetic vapor. Previously to entering upon a capital operation, the surgeon scrutinizes every vital organ of the body in order to ascertain whether there are any obstacles in this direction to the use of chloroform. Especially will he examine the brain, heart, and lungs, which constitute the great tripod of life. A weakened state of the right side of the heart, with enlargement of the veins, indicate the necessity of caution, to say the least, in giving chloroform. Fatty degeneration of the muscular structure of the heart were enumerated as belonging to the excluded cases. No judicious physician would venture



the administration of chloroform in a case of feeble, unduly slow, or unusually rapid and intermittent pulse, with fainting spells and paroxysms of dyspnea. Hard drinkers were not favorable cases. Chloroform should be given slowly and cautiously to persons who are suffering from great fear and apprehensions from its use. Some importance was to be attached to the position of the patient, the recumbent posture being far preferable.

As the patient comes more and more under the influence of chloroform, we have the following succession of symptoms, according to Dr. Snow, who is one of our best authorities upon this subject: *First*, we have the slight stimulant effect, by the first two or three inhalations, as manifested by the hurried breathing and quickened pulse. *Second*, there is an increased insensibility and wandering of the mind. *Third*, all the preceding symptoms are intensified to entire unconsciousness. *Fourth*, the complete relaxation of the muscular system. Dr. H. remarked that it was during the fourth stage of anæsthesia that the surgical operation should commence, and, if possible, this fourth stage should be maintained during the whole operation. If, however, it was found that untoward symptoms were appearing in the meantime, the chloroform should be immediately discontinued, and the patient brought from under its influence as soon as possible.

Dr. H. then reviewed the opinions and practices of Drs. Bedford, Arnott, Dawson, and other eminent medical practitioners of this and other countries, in regard to the comparative merits of chloroform and sulphuric ether, in which he seemed to favor the claims of the latter on the score of safety.

Dr. Kay said that the discussion of to-day would be a "new departure," so far as the age of topics was concerned. The society had thus far, during the present year, been reviewing medical subjects of many centuries standing. The theme of to-day, Anæsthesia, belonged exclusively to modern medicine. The world had been utterly ignorant of any agency capable of rendering the human system temporarily insensible, for surgical purposes, until the 11th day of December, 1844. During the first week of said month, Dr. G. Q. Colton, of New York, had commenced a course of lectures on chemistry, in the city of Hartford, Connecticut. On the 11th of that month Dr. Colton had so far progressed with his lectures as to treat of *Protoxyde of Nitrogen* or *Nitrous Oxyde*, commonly called laughing gas. During the experiments which were made

with gas, one of the students, who was under its influence, fell and injured his arm. This injury, which was somewhat painful, came under the immediate notice and care of Dr. Horace Wells of the last-mentioned city, who, upon observing the insensibility of the patient under surgical manipulation, remarked, in high spirits, that this fact might afford a valuable hint to the profession. On the same day, Dr. Wells had himself put under the influence of the nitrous oxyde, in order to have a defective but strongly adherent molar tooth removed from his jaw. The operation was performed by the dentist (Dr. Riggs) without the least pain, whereupon Dr. Wells, on awaking, exclaimed, "This constitutes a new era in surgery." And subsequent history showed he was right. Soon as Dr. Wells had realized the truth of his theory, he entered upon further experiments, with favorable results, and not long afterward succeeded in introducing the system of Anæsthesia into general use in Hartford. To America, then, must be awarded the credit of this wonderful and beneficent discovery.

During the winter of 1845-46, Drs. C. T. Jackson and W. T. G. Morton, of Boston, commenced experimenting with sulphuric ether, and they finally succeeded in introducing it to the profession as an anæsthetic, to be used instead of the nitrous oxyde. Although the vapor of ether was thus substituted for the gas, yet to Dr. Wells should be accorded the high honor of having first discovered and promulgated the fact that temporary insensibility could be safely produced for surgical and obstetric purposes. Drs. Jackson and Morton, however, had assumed a sharper lookout for the honors and emoluments of so important a discovery. They had so far succeeded in aggrandizing these, both by medals from Europe and by acknowledgments from the American Congress, as to make it extremely difficult for Dr. Wells' needy heirs, subsequently, to secure that requital which was their due.

But it was not until the spring of 1847, when the celebrated Dr. J. Y. Simpson, of Edinburg (afterward justly knighted Sir James Simpson), the great obstetrician of the North, introduced chloroform to the notice of the profession, that this anæsthetic came thoroughly in vogue. Professor Simpson not only brought forth a new anæsthetic agent, but he pushed it into a new field, viz: his own special branch of medical practice. This constituted an immense field, for he used chloroform in natural as well as preternatural cases, and that, too, with the most delightful results as regarded safety and diminution of suffering. Owing to Dr. Simpson's over-

shadowing influence in the medical world, his views and practice were soon adopted in almost every section of the globe. This noble benefactor was strongly opposed, at first, by a certain class of narrow-minded scientists, and by bigoted persons (none of whom were women, however), who held that Sir James Simpson's practice was a sinful attempt at setting aside the decree contained in the 16th verse of the 3d chapter of Genesis. These caviling persons belonged to the *anti-Gallileo* and the *cursed-be-Ham* schools of theology. A little of this same prejudice prevailed yet, but happily it was fast melting away like frost work before the rising sun.

Dr. K. then proceeded to discuss the comparative merits of sulphuric ether and chloroform. He had used both in painful surgical operations, but preferred the chloroform, having used it more than one hundred times. It was preferred, as an anæsthetic, almost everywhere outside of Boston, where they still adhered to sulphuric ether. He chose chloroform for the following, among other reasons: 1. It required a less quantity and less time to produce anæsthesia. 2. Its odor is far more pleasant and less sickening. 3. It is less irritating to the lungs; and, 4. There is less headache and other ill feeling experienced by the patient upon recovering from the somnolent state. He had frequently used anæsthetics in Dr. Simpson's class of cases, and that, too, with the most intense satisfaction. With cautious and skillful use these agents add greatly to the safety as well as comfort of the patient. Our great mission should be regarded as twofold: 1. To preserve human life; and, 2. To allay human suffering.

Dr. Reeves said that he was an anti-chloroform man. There were too many deaths from the use of this article to suit him. There was no need of using it at all. Although Prof. Gross, of Philadelphia, used chloroform exclusively and had lost but one case, it should be borne in mind that Dr. Gross was one of the most cautious operators in the world. His success was owing more to his extreme caution and carefulness in using it than to the innocence of the chloroform. This agent was too powerful for the human system. He did not approve of the course pursued by Drs. Jackson and Morton, of Boston, in laboring so arduously for self-aggrandizement, but he thought that those men had introduced to the medical profession a far better anæsthetic than chloroform when they brought out the sulphuric ether. To Dr. Simpson should be given the credit of having established the use of chloroform in the medical profession; and therefore Scotland, and not America,



was the country to which this honor should be given. Dr. Simpson had more fully grasped the subject of anæsthetics in all its bearings than any other man of his day. Dr. Reeves thought that a friend of his by the name of Seeley had preceded even Dr. Wells in his discoveries of the uses and benefit of nitrous oxyde gas. Dr. Reeves remarked that so long as sulphuric ether could be used the chloroform should be dispensed with. The other never proved fatal. Oil of peppermint was an anæsthetic that would prove of value under certain circumstances. The *Boston Medical and Surgical Journal* occupied the true ground upon this subject. The analytical tables of these Boston men were full and conclusive upon the merits of these two great remedies, and the superiority of the ether was demonstrated beyond successful contradiction. He did not believe that our American army surgeons gave the worst features of their experience with chloroform. By the way, there had been some miserable surgery practiced by those same men as a class, and their statistics were in some respects somewhat unreliable. Dr. Reeves then described the different stages of chloroformization, and, among other things, remarked that the last stage was the only one that was of any avail practically to the surgeon, and that this stage was a state verging on death. He closed his remarks by exhorting to the use of ether instead of chloroform. The day was coming when this would be done by surgeons and physicians all over the world. He did not wish to have it understood, however, that he would refuse to administer chloroform for a medical friend who should call him in to assist in a surgical operation. He did not deny that in some cases it could be used with comparative safety, but even in the most favorable cases for chloroform, ether would be still safer. When Prof. Pancoast operated he always seemed perfectly calm and unconcerned, knowing that his anæsthetic—ether—would not endanger the life of his patient, while, on the contrary, Prof. Gross, under the same circumstances, seemed anxious and restless, as if constantly on the lookout for trouble from his chloroform.

Dr. Owen observed that some persons were inclined to make the whole subject of anæsthetics turn upon the consideration of one substance, viz: chloroform. After a frequent use of this article for many years, he had never met with a single case of death from it. In most of the cases of deaths which have occurred in the world from chloroform, it has been the result of carelessness or ignorance in its administration. He had used the sulphuric ether, but with far

less satisfaction. It was less prompt and less complete in its action than chloroform, and in every way a far less pleasant anæsthetic to use, either in surgery or obstetrics. He thought the time would never come in which the former would, by the profession, be preferred to the latter. Ether was calculated to exalt and greatly excite the sensibilities of the patient for a long time after its first administration, so that the whole physical and mental state of the patient was unfit all that time for the surgical operation. Ether made the patient laugh, scream, and cry, and perform other evolutions that hindered rather than helped the surgeon. Dr. Owen then proceeded to give his views of the different kinds of cases in which neither chloroform nor ether should be used except with extreme caution. There were some cases in which they should never be used at all. By observing the rules of administration there need be but little fear from the use of this potent but highly useful class of remedies. The doctor mentioned several interesting cases, illustrating his views of anæsthetics generally and chloroform especially.

Dr. J. H. Rodgers remarked that, taking it all together, anæsthetics were about as safe as any other remedy commonly used in dangerous injuries or diseases. Of course anything of equal potency might, under certain circumstances, become somewhat dangerous, but we should take into consideration the fact that the surgical injuries and diseases in which anæsthetics are usually employed are of themselves highly dangerous. Many deaths are thus charged upon the anæsthetic wrongfully. Chloroform was not only the most pleasant thing that could be used, but the difference against it in safety was not sufficiently established to deter us from giving it the preference. Dr. Rodgers gave some interesting facts in regard to the use of chloroform in the Crimean war and in the European hospitals. Out of thirty-nine thousand cases there recorded we find that there was not a single death attributable to the agency under discussion. Few, if any, deaths occurred from the use of chloroform in the late American rebellion. In the vast proportion of surgical cases there treated chloroform was used, and it was regarded as indispensable. Dr. Rodgers then spoke at length upon the rules of administering chloroform. There was oftentimes more used in a given case than was necessary. It was unwarrantably prolonged. He liked the plan adopted by the late Sir James Simpson. This gentleman brought the patient gradually under its influence by using a handkerchief put into funnel shape, and then

adding the chloroform drop by drop. In this way there was scarcely any chance of overwhelming the patient with the medicine. Dr. Rodgers related some interesting cases reported of Dr. Simpson's practice, and commented upon the lessons taught by these reports. Chloroform was useful in *delirium tremens* and in other nervous diseases. He always used chloroform in preference to ether. Ether was safer in some cases, especially where a stimulant rather than a sedative effect was desired.

Dr. McLaughlin had seen chloroform used with the happiest effect. He did not feel disposed to discuss the subject to-day, but would simply propound a question which might be of interest to the profession and to the community. Is it possible for burglars to render their victims insensible for the purpose of committing robberies? It was a common belief that they could, but he did not believe it. Such a thing might be possible, but he regarded it as highly improbable. Dr. M. then made some humorous and sensible remarks upon alcohol as an anæsthetic and illustrated his views with examples.

Dr. Bryant had witnessed the giving of chloroform in about three thousand cases without a single case of death from its use. He mentioned its use in the late rebellion, enumerating six or eight of the principal battles in which he saw it used. He had been interested in the question of preference as between chloroform and ether. He preferred chloroform all the time. During the war chloroform, either pure or mixed with ether, was used as *the* anæsthetic. He had always used chloroform with extreme care, and anxiety oftentimes. In the army a funnel was used in giving it. He never was admonished but once to desist from its use before the operation was completed. Dr. B. discussed the effects of chloroform upon the mind. It called forth the peculiarities of temperament and nationality. Several instances were given of his experience in the army illustrative of this subject. Some were almost equal to De Quincy's account of the effects of opium. There was much difference between military and civil practice. He had noticed that in the military practice there was less trouble in bringing the patient fully under the influence of the chloroform. This may have depended upon the soldier's habits of life or some other cause which he would not pretend to explain. He had scarcely ever met with an instance in the military practice where the patient did not take kindly to the anæsthetic in the first place or where any untoward symptoms arose afterward. In many cases



there is hyperæsthesia. This hyperæsthesia had been noticed in a far greater proportion of cases in civil practice than in military. The reasons why these differences exist might be a nice point for medical philosophers to determine. Dr. B. did not believe that chloroform was ever successfully used by burglars in the pursuit of their nefarious business.

Dr. R. Rodgers did not wish to consume the time of the society in discussing the subject of to-day, but he would simply add his testimony in favor of chloroform. He had used it frequently, and always with the most satisfactory results. He had never been disappointed with it either in surgical or obstetrical practice. The promptness, pleasantness, and certainty with which chloroform acts make it a commendable remedy against pain in these departments of the practice.

Dr. Pollock regarded the article under consideration one of the greatest boons to man. Much unfairness had been adopted by some authors and journalists in arguing against the safety of chloroform. No remedy could stand the tests which these exacting critics were disposed to apply to chloroform while considering its merits.

Dr. Buckingham had used and witnessed the use of chloroform in very many instances but had never met with a fatal case. He was always careful and felt anxious in its use. He prepared a silk handkerchief partly saturated with the anæsthetic. He never met with a case where the patient could not be brought under the influence of chloroform. He had the first bad effects to see from its use. It was not best to use it in cases of minor surgery; but to require a patient to go through with a painful operation, at this late day, without the benefit of an anæsthetic, was an unjustifiable cruelty. In regard to Dr. McLaughlin's question, he had but little faith in the ability of burglars to make their victims insensible for purposes of plunder. Unnecessary fears were entertained on this score.

Dr. Banwell related a case of death from chloroform occurring in one of the Cincinnati hospitals. He preferred chloroform to ether from what he had seen of their use and effect; ether made the patients too uproarious and otherwise unmanageable.

Dr. D'Richey said that while Simpson claimed that the mortality in hospitals was diminished since the use of anæsthetics, Arnott denied it. Dr. D'R. discussed the effects of chloroform upon rats, dogs, and cats, and deduced from these experiments the idea that a rapid

induction of anæsthesia paralyzed the whole nervous system irretrievably. He had also experimented with nitrous oxyde and carbonic acid gas. He regarded the anæsthetics under discussion as antidotes to strychnine.

Dr. Senseman felt much interest in the subject under discussion, especially since Dr. Reeves had made such a ruthless attack upon chloroform. Dr. Senseman summed up the experience of the whole medical world upon chloroform, and showed in a vast majority of cases the highest medical authorities were decidedly in favor of chloroform as against ether.

After the transaction of several items of business, the Society adjourned to meet again on the second Thursday in November next.

---

### ACADEMY OF MEDICINE.

C. G. COMEGYS, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

*Bromide of Potash and Chloral Hydrate.*—Dr. J. P. Walker read the following letter from Dr. Maisch, of Philadelphia, in reference to the combination of these two remedies:

PHILADELPHIA, July 22, 1871.

DR. J. P. WALKER—*Dear Sir:* Your question in regard to the compatibility of chloral hydrate and bromide of potash, I must answer that I regard them as *perfectly* compatible. I have seen and put up many prescriptions in which the two were combined. Speaking in general terms, neutral salts do not affect the chemical composition of chloral hydrate; neither does sugar. But chloral hydrate kept in aqueous solution is (or rather seems to be) gradually decomposed. How? I do not know. Your question led me to infer that the gentleman who has made assertions at variance with the above facts, has operated only with the ordinary chloral hydrate in crystalline cakes. On approaching this with ammonia, white fumes are always given off, which is not the case with pure chloral hydrate. The pure—besides Rickie's tests given some time ago in the *American Journal of Pharmacy*—should slowly evaporate from paper in the open air and at ordinary temperature *without becoming moist*.

I have seen cake chloral hydrate containing enormous quantities of anhydrous hydrochloric acid (and possibly chlorine?), and I attribute many—perhaps all—the failures and bad effects of chloral hydrate to this impure form, which is in a continual state of decomposition, from which only crystallization can free it. In my opinion, all pharmacists dispensing other than perfectly crystallized chloral hydrate deserve the severest censure.

Yours truly,

J. M. MAISCH, P. M. D.

*Dr. Ludlow* said the Academy had taken no such position as had been attributed to it in *Dr. Maisch's* letter. None of the members of the Academy, to his knowledge, had said that, chemically, hydrate of chloral and bromide of potassium were incompatible. What he had said was, that there could be no such thing as syrup bromide of chloral, and that the two remedies would not combine so as to form such a mixture.

*Dr. Unzicker* was glad that *Dr. Maisch* had been written to, but thought we would have had a different answer if the following prescription had been sent for examination, which is the formula of the preparation or syrup referred to by *Dr. Ludlow*:

R. Chloral hydrate.....grs. xv.  
 Bromide of potassium.....ʒ ss.  
 Tinct. card. comp.....ʒ ij.  
 Simple syrup.....ʒ vi.

M. sig. Take one half to be taken at a dose.

The prescription as made would certainly decompose the chloral. He thought the bromide of potash did more good than any other ingredient of the mixture.

*Dr. Walker* explained that he had no reference to anybody's prescription or mixture; his only object was to ascertain what, if any, incompatibility there was in combining chloral hydrate and bromide of potash.

*Dr. C. O. Wright* thought there was no incompatibility in combining the two remedies, and related a case, heretofore reported to the Academy, of neuralgia, in which he had given chloral hydrate separately without any hypnotic effect. In a subsequent attack of the same disease in the same person, he gave the chloral and bromide of potash combined; and within twenty minutes, he had the pleasure of seeing his patient under their influence.



*Singular Case of Anæsthesia.*—Dr. C. O. Wright reported the case of a negro whom he had treated for various ailments without being able to determine what was the cause of his suffering. Subsequently the man came under the treatment of Dr. Tucker, who, on examination, accidentally discovered that he was a case of complete anæsthesia. Pricking the extremities or any part of the body with a pin elicited no manifestation of pain or sensation whatever. Even plunging a pin up to the head in any part of the patient's flesh produced no pain.

*Treatment of Gonorrhea with Medicated Bougies.*—Dr. Graff exhibited specimens of bougies prepared by using tannin, carbol. acid, nitr. silver, and other agents, incorporated with sufficient gum arabic or like material to render them consistent. He called the attention of the Academy to the treatment of gonorrhea by means of these bougies. He did not claim this as a new method of treatment, but as one having some advantages over methods of treatment usually employed in these cases. It is cleanly, easy of application, and the entire surface of the urethra is thus completely and thoroughly medicated. He had treated twenty-two cases with these bougies, all successful but one. He regarded it as a plan of treatment well adapted to the incipient stages, as also to all stages.

Dr. Connor could not see what, if any, advantage medicated bougies had in the treatment of gonorrhea over medicated solutions well and thoroughly applied, as could be done by the employment of such an instrument as was exhibited some time since to this Academy by Dr. G. B. Orr.

*Fatal Case of Hæmoptysis.*—Dr. Carson reported the following :

Hannah —, colored, aged 50, unmarried, was admitted to the Cincinnati Hospital some three weeks ago, with a history of considerable trouble in her throat a year since, and of pulmonary symptoms more recently. Laryngoscopic examination showed that the epiglottis had been about one-half destroyed; that on its laryngeal aspect there were three small tumor-like growths of the size of a very small pea, and that on the left false cord there was a growth which looked like a circumscribed hypertrophy of the cord, and which reached across and indented, apparently, the opposite one. The right cord looked redundant, but had not the tumor-like projection which the other had. There was also destruction of the septum narium and of portions of the soft palate. She de-

nied having ever had syphilis. The larynx I show to the Academy. The respiration was so noisy, owing to narrowing of the glottic orifice, that physical examination of the lungs was not very satisfactory. The history is too incomplete to make out the relation of the throat troubles to the pulmonary disease. There are, as the specimen shows, caseous deposits about both apices, with one or two cavities in each lung. A few nights since, without premonition, hemorrhage came on, from which she died in a few minutes. An examination of one of the cavities in the left lung shows us very distinctly the origin of the fatal hemorrhage. It came from an aneurismal dilatation in a branch of the pulmonary artery which lies in the smooth membranous wall of the cavity. The broom-straw, passed into the small opening in the aneurism, readily reached the main artery, and shows a direct connection between the aneurism and the heart. The dilatation is rather sac-like and measures about one-third of an inch in its diameter.

Fortunately we are much more familiar with the other forms of hæmoptysis than we are with the present one. The morbid anatomy of these severe and fatal forms is also scarcely mentioned in our usual books of reference. Dr. Rasmussen, of Copenhagen, has brought into prominent notice, in an article which has been translated and published in the *Edinburg Medical Journal*, the more frequent occurrence of severe and fatal hemorrhage from rupture of small aneurisms of the pulmonary artery than has been believed since the time of Laennec. The older pathologists thought it a more common condition.

Rasmussen's cases of suddenly fatal hæmoptysis, upon which his paper is based, numbered 11; of these 8 were from ruptures of vessels running in the walls of the cavities, and three were from rupture of aortic aneurisms into bronchi. The size of the aneurisms varied from that of a pea to that of a walnut.

The walls were of various thickness; in some there were fatty degeneration. The vessels on which the aneurisms were located were, on an average, from one to three millimeters in width. The rupture was most usually by a small opening, which is the case in the specimen present, where the opening is only large enough to admit a small broom-straw. Five of his eight cases were females. The ages were, in two, between 28 and 34 years; in five, between 42 and 57; in one, 64 years.

In 1866, among 79 dissections of phthisical patients in the municipal hospital there were 5 per cent. of fatal hæmoptysis; in 1867,

0.9 per cent. His conclusion, in regard to formation, is, "that every cavity in the lungs, whose walls are formed by condensed pulmonary tissue, containing non-obiterated vessels, may be the seat of aneurisms or aneurismal dilatations with consecutive ruptures." In our case the condensed pulmonary tissue is produced by caseous pneumonic deposits surrounding the cavity.

Dr. Porrett, in November 15, 1870, at a meeting of London Pathological Society brought forward a table with 15 cases of fatal hæmoptysis, of which 12 had resulted from a rupture of the pulmonary artery in a cavity, preceded in 11 by dilatation and one by ulceration; in the other 3 the source could not be discovered. He regards old standing, unilateral cases of phthisis with quiescent cavities as most favorable for formation of aneurisms or ectasias of branches of the pulmonary artery.

The conditions in the specimen which I show correspond with those detailed by these gentlemen. The cavity is an old one and surrounded with dense pulmonary tissue, made so principally by caseous deposits.

We have had a case of hæmoptysis, fatal in a few minutes, in which the most careful examination failed to detect the source. It will be seen by the statement above, that Dr. Porrett was unable to make out the origin of the hemorrhage in three of his fifteen cases. Dr. Mascon also failed in discovering the source in two suddenly fatal cases.

*Compensatory Renal Hypertrophy.*—[Some weeks since Dr. Whitaker read a paper on this subject, as a report from the Section on Physiology. The following remarks were called out as a discussion of that paper; we regret that we are unable to give in connection an outline of the points made in the original report.—ED.:]

*Dr. Carson.* I do not intend to reply to the report in general, made by the chairman of the Physiological Section, but simply to review that part of it which refers to the article by Rosenstein, recently published in Virchow's Archives. In the first place, it is necessary to state that the original report by the Pathological Section does not state that there is hyperplasia of elements in hypertrophy; it simply says that there is a compensatory hypertrophy, without pretending to decide how it is produced—whether by simple increase in size or weight, or by multiplication of elements.

The object of the article by Rosenstein is not to prove that there



is no such thing as compensatory hypertrophy, but to prove, if possible, how it is produced. In proof of this I read the first part of the first general conclusion, which he draws from his experiments. The following is the language: "In complementary hypertrophy of one kidney, in consequence of acquired defect of the other, there occurs, etc." In this there is a distinct recognition of the condition of "complementary hypertrophy." The only question is as to how it occurs. The attempt to solve this is made by means of experiments upon animals—the general result of which is to prove that the extirpated kidney is considerably smaller than the one remaining at the time of the animal's death, and that the longer the animal survives, the greater the difference. Thus the longest period of survival was 102 days, and the kidney extirpated was only one-half as large as the one remaining at death.

Now, when we examine closely these experiments and the positive conclusions drawn from them by Rosenstein, we believe they confirm the doctrine of compensatory hypertrophy.

The conclusions are these, so far as they bear upon this subject:

1. In complementary hypertrophy of one kidney, in consequence of acquired defect of the other, there occurs no enlargement of the glomeruli or of the tubuli uriniferi. The hypertrophy is principally an increase of weight, and depends partly upon the increased contents of the organ, in blood, lymph, and urinary constituents; partly upon the greater solidity of the individual elements, and only to a very small degree upon real increase of size of the epithelium and connective tissue.

2. The increase of function in the enlarged kidney acts in perfect compensation, in the excretion of urine as well as of urea. We conceive that a proper deduction from these statements is, that there is a compensatory increase of structure, and of function also.

This being the positive value of these conclusions, what are their comparative values? Are not the conditions for compensatory hypertrophy much more marked in those pathological experiments which nature makes for us, such as in the case of hydronephrosis, which has been the nucleus of this discussion?

There was a case of defect of one kidney, which had probably continued for a period of seven years. If there was an increased amount "of blood, lymph, and urinary constituents" in the artificial experiments, much more effect would these elements of nutrition have upon an organ upon which double work devolved

for a period thirty times more prolonged than the greatest period of survival noted in Rosenstein's experiments.

The line of argument pursued by the author of the report is one that tends to ignore all the variations of function and structure that physiological stimuli may bring about, under changed conditions of life and action, such as climatic influences, etc.

*Dr. Whittaker* said no one could object to a full discussion of this subject, but thought his opponent, *Dr. Carson*, had set up a man of straw. *Dr. McKenzie*, in his report, had admitted an increase in size, but what that increase was he could not explain. *Rosenstein* had written his article to clear up the matter, and said, there was no increase in the number of cell elements, and this is admitted by *Dr. McKenzie* in his report.

*Dr. Carson* rejoined, by saying that *Rosenstein* says there is both increase in structure and in function.

*Dr. Thornton* said, that not until recently was this doctrine of compensatory enlargement accepted. He could not see how it could be otherwise than for an organ to become enlarged when it had an increased function to perform. Nature was always logical in her results, and when one kidney was removed, the remaining kidney grows larger, simply because it has more work to do, and not because it has more blood in it. This law holds good in reference to all organs of the body. We see it exemplified in the blacksmith's arm, which grows larger from increased use, and in the brain of those who make great intellectual efforts.

*Dr. Gillane* inquired, if compensatory hypertrophy is the rule in case of the loss of one organ in a pair of organs, why does not a remaining eye exhibit it where its fellow is lost.

*The President*, *Dr. Comegys*, replied to this, that the eye is not like the kidney or other secretory glands, through which increased quantities of blood circulated in the performance of extra function; but its function depends on the condition of the retina; and the increased strength of vision, which in such cases exists, may be explained, either by increase of sensitivity in the retina, or to the increased mental attention of an object of vision.

He further said that as increased function in the remaining kidney had been conceded by the essayist (who though denied an increase of the elements in the organ), it was another evidence of the striking facts everywhere seen in physiology of the reserves of function for emergencies.

Furthermore, *Carpenter* in his *Human Physiology*, years ago,

taught that it is fair to surmise that even the cerebrum *grows* to conditions under which it is habitually exercised ; that the greater increased supply of the constituents of urine would act to increase the size of the remaining kidney. The speaker thought it was further showed by the simple experiment of training a branch of a vine into a hot-house during the winter ; the stimulation of heat and of light causing it to bud, develop, and bear fruit, while without it was freezing and unvivified. He also spoke of the further illustration of the effect of stimulation on growth, as shown in Laycock's lectures on the anatomy and physiology of the trophic and vaso motor nerves.

*Compression of the Uterus in Expulsion of the Placenta* has been treated of at length by Prof. Crédé, of Leipzig, and more recently by Dr. Chantreuil, of Paris. The latter has tried it in five hundred and forty cases, with the result of expediting very much the delivery of the afterbirth, and favoring an early return of the uterus to its normal size. When the uterus has reached the maximum of its contraction after the expulsion of the infant, it is to be grasped between the palms of the hand placed in front and behind it, and steady pressure maintained. The result in the majority of cases is, that the delivery of the placenta is accomplished in a much shorter time than is usual, without being followed by hemorrhage or other unfavorable symptoms.

*Phosphates in Pregnancy.*—Mr. Metcalfe Johnson, of Lancaster, recommends in the *Medical Times* the hydrated phosphate of lime of the British Pharmacopœia as a remedy for the sickness of pregnancy. He gives it in doses of from three to ten grains each, three times daily, suspended in water, and flavored according to the patient's taste. In some cases the relief has been so striking that patients have sent to ask for "some of that medicine that relieves the sickness." Mr. Johnson thinks the drug may supply phosphates to the nervous system and also to the embryo, and that if phosphates be not supplied, the child may grow at the expense of the mother's osseous and nervous system.—*The Doctor.*



## Selections.

*The Condition of the Menses in Phthisis.*—Dr. Dutcher says on this topic in the Cincinnati *Medical Repertory*:

“In pulmonary tuberculosis the menses are almost always suppressed; and the reason for this is obvious. Phthisis being a constitutional disorder, wherein the life-forces are enfeebled by a failure in some of the blood-making organs, the uterine functions cease for the want of proper nutriment and not from local disease. Hence we frequently see young women lose their menses without any visible cause, when all at once symptoms of phthisis will present themselves, and the case proceeds to a hasty and fatal termination. But in some cases they are not suppressed at the commencement of the disease; they may be irregular, scanty, occurring every ten, fourteen, twenty-one, twenty-eight or forty days, just as the case may be. But, as the disorder advances to the latter stage, they are always suppressed. In several hundred cases I can not now remember but two where the menses continued until the last. These were exceptional cases, and were patients over forty years of age. And my experience leads me to the conclusion that the menses are more generally suppressed at the commencement of this disease, in very young women, than those who are more advanced in life. M. Louis found that where the duration of phthisis was less than one year, the average period of the menstrual suppression was about the middle of its progress. When the tuberculous affection was prolonged for more than one or two years, the suppression occurred during the latter period. Thus in a young woman, in whom the disease lasted three years, the menses ceased at the end of the thirteenth month; while another patient of the same age, and in whom the disease was similar, continued to menstruate until within two months of the fatal period.

The sudden suppression of the menses in an individual who has a hereditary proclivity to pulmonary tuberculosis should be looked upon as a very suspicious circumstance, particularly, if she be unmarried. A young woman ceases to have her regular menstrual discharge, she becomes pale and feeble; she has pain in

her head, loins and limbs—after a time she emaciates; her friends become alarmed and call in a physician. He gives her case a very superficial examination, and refers all her difficulties to a suppression of the menses. Remedies are prescribed with a view of restoring them, but, alas! they are without effect, and the medical attendant is suddenly aroused to the sad conviction that he has made a mistake in his diagnosis—phthisis, with all its formidable features, is staring him in the face.

It was for a long time the opinion of writers on pulmonary tuberculosis, and even Dr. Lawson, in his work on the subject, does not discard the idea that the disorders arising from the menstrual suppression might lead to the deposit of tubercular matter in the lungs. We do not consider the suppression of the menses in any way a cause of phthisis pulmonalis. In this case they cease from a failure of the vital forces, as already remarked, and it is a marked symptom of the great constitutional malady, which will ultimately end in the dissolution of the whole bodily fabric, unless it is speedily remedied. A limited number of tubercles in a lung may be easily remedied, and the patient regain her wonted health. But a constant repetition of the morbid process is greatly to be dreaded, and can only be averted by correcting the constitutional diathesis.

If, therefore, the physician suffers himself to be led away by the local symptoms, and treat them alone, he will not have much success in curing the disease. If, when the menses are suppressed, he employ active emmenagogues alone, it may lead to very injurious results. I have long since come to the conclusion that, when pulmonary tuberculosis exists, all active measures to restore the menses are wrong. Indeed, they stand in the way of other agents that will overcome the constitutional malady, which is the chief difficulty.

*The Cultivation of Ipecacuanha.*—Professor Balfour, of Edinburgh, has submitted to his fellow-botanists and physicians some observations on the cultivation of ipecacuanha in the Edinburg Botanic Garden for transmission to India. As a curative for dysentery, the value of this plant is very great; and, in consequence of the partial failure, from various causes—such as the rashness and carelessness of collectors—of its cultivation in its native country (South America), its cultivation here for sending out to India has become a matter of much importance. A difficulty, however,

till within a short time ago, stood in the way of this design, as it has not as yet been possible to get the perfect seed of the plant, and its propagation was accordingly but slow. A short time ago, however, Mr. James McNab, of the Botanical Gardens, discovered that, by cutting the root of the plant under the ground surface, numerous new shoots could be got, and the plant so propagated much more easily and plentifully. It had thus been possible to send out a number of healthy plants to India, which it was hoped would be there equally successfully cultivated. Mr. McNab had also been endeavoring, with fair prospect of success, to get the perfect seed of the plant; and if that can be done, the difficulty of propagation will, of course, disappear. There are now two varieties of the plant in the Botanical Gardens, one of which has been cultivated there for forty years, and the other has just been got from South America, through the kindness of Dr. Gunning and Dr. Christison. It is hoped, from the union of these two varieties, to get a perfect seed. In the course of the remarks made on this discovery, Dr. Cleghorn, F. L. S., late Conservator of Forests, Madras, expressed his delight at seeing the satisfactory result of the ipecacuanha propagation. Every army-surgeon, he said, knew the great value of this remedy.

*Milk as an Article of Diet.*—Dr. Wiggin, Providence, R. I., has been examining into the value of milk, in comparison with other articles of food. The comparison is novel, and the results are sufficiently interesting to be remembered. Housekeepers frequently find it difficult to make as great a variety in articles of diet as is desirable, and by keeping the one under consideration in view, they may find that it will often stand them in good service by way of a change. It would appear that the nutritive value of milk, as compared with other articles of animal food, is not generally appreciated. The doctor says there is less difference between the economical value of milk, beefsteak, eggs or fish, than is commonly supposed. The quantity of water in good milk is 86 to 87 per cent., in round steak 75 per cent., in fatter beef 60 per cent., in eggs about 68 per cent. From several analyses recently made, he estimated sirloin steak (reckoning loss from bone) at 35 cents a pound, as dear as milk at 24 cents a quart; round steak at 20 cents a pound, as dear as milk at 14 cents a quart; eggs at 30 cents a dozen, as dear as milk at 20 cents a quart; corned beef at 17 cents, as dear as milk at 15 cents. The result from these deductions



seems to be that milk at even 12 cents a quart is the cheapest animal food that can be used.

*Treatment of Cholera and Cholera Morbus.*—Dr. F. Xavier de Rolette, of Pittsburg, writes us that small doses of tartar emetic have proved very efficient in his hands in treating the above diseases. He says, "I consider this medicine a preventive of the cholera. The last time that this plague visited the United States, I was in Rochester, New York. I then published some remarks in the *Rochester Advertiser* on the efficacy of emetics in the treatment of the cholera, and also attended several cases with complete success. My remarks were published in a Kingston paper, and from thence found their way into the London papers. Since then the emetic has been generally used in that city, as I see by an account in Braithwaite, vol. 52, page 274."

*Unpaid Medical Services.*—*Mr. Editor:* In this town we employ a good physician by the year to medicate the poor, so that none may suffer for want of attendance; and several years ago the practicing physicians passed the following resolution, which has been observed most faithfully.

We have collected many bills that could not have been obtained by any other means. In but a single instance has it failed me. We are not like the common carrier, obliged to take all that come; we may choose our customers, but having once undertaken a case must attend to it to the end, whether we are to receive pay or not (unless discharged by the patient), and are held pecuniarily responsible for any neglect or want of skill by which bad results may follow. If the medical man allows his services to be unpaid or underrated it is his own fault, for "a man will give all that he hath for his life."

JOHN BRANCH, M. D.

*St. Albans, Vt., Oct. 16, 1871.*

*Whereas,* Some persons are to be found in this community who live in fashionable style, pay their merchants and mechanics well, and would not refuse to pay a rum or gambling bill, yet not only neglect but obstinately refuse to pay their physicians, although they may owe their lives to his skill and attention;

*Resolved,* Therefore, that we pledge ourselves to each other never to lower the dignity of the most useful and honorable profession known among men, by practicing in the families of such persons as are indebted to either of us for medical services.

*Provided* they have received a copy of this resolution, and we have been notified of the fact.

JOHN BRANCH, M. D.

R. C. M. WOODWARD, M. D.

J. L. CHANDLER, M. D.

S. R. DAY, M. D.

*Therapeutic Value of Gelseminum.*—Gelseminum (or, as it is sometimes written, gelsemium) is of late attracting considerable attention. It is highly lauded by some practitioners as a nervous sedative, in cerebral congestion, mania, and a great variety of disturbances resulting from disorder of the nerve-centers. We know of one physician who regards it as invaluable in nervous or sick headaches; ten or fifteen drops of the tincture to be given three times daily. The physiological effects of the agent are very remarkable. Even moderate doses will sometimes produce a peculiar, heavy sensation in the forehead, with partial paralysis of the levator muscles of the eye-lid, so that it is difficult to keep the eye open. We have employed it frequently for a number of years, often with benefit, but certainly not with such happy results as some others ascribe to it. The following formula will be found valuable in hysterical and functional disturbances of the nervous system:

R. Tinc. valerianæ ammon., oz. 1.

Tinc. gelsemini, dr. 1.

M. Sig. A tea-spoonful p. r. n.

Some of our druggists prepare an ammoniated "elixir" of valerian, which is better than the officinal tincture, in being much less disagreeable.—*Pacific Medical and Surgical Journal*.

*Treatment of Gonorrhea by Warm Water Injections.*—Dr. John O'Reilly (*Am Practitioner*), in recommending warm water injections in the treatment of gonorrhea, says that the subjoined conclusions may be drawn from his experience: 1st. That gonorrhea yields to local treatment, and even water injections. 2d. That water injections or medicated lotions owe their efficiency to their frequent application. 3d. That the common small syringe should be done away with in treating this disease, and none used but those throwing a continuous stream. 4th. That large injections, by fully distending the mucous membrane of the urethra, insure a speedier cure than those less copious.

*Creasote in Cholera.*—Through the columns of the *Medical Times* I beg to ask the attention of physicians to the use of creasote as a remedy in cholera.

I have used it continuously for nearly twenty years in all stages of dysentery and diarrhea, with great satisfaction to myself and benefit to my patients; relying almost entirely on it for curative effects. I administer it to adults in doses of four drops every hour and a half or two hours, combined with about twenty grains of bicarbonate of soda or potassa, mixed in syrup or honey. More recently I have substituted for the carbonates about eight grains of chlorate of potassa, in each dose, and in my practice have very rarely added an opiate or astringent to the mixture. I do not, however, consider the administration of opiates and astringents inappropriate in severe cases, nor do I advise the use of creasote in lieu of these medicines or other general treatment.

From my experience in the use of this medicine in these diseases, I am led to believe that it is not unlikely that in sufficiently large and often-repeated doses it will be of great service in the treatment of cholera, and perhaps that it might prove a valuable prophylactic, in doses of one or two drops to each glass of drinking water.

I have frequently administered it in typhoid fever, with apparent advantage to my patients, and am satisfied that in the bowel affections incident to the life of armies in the field it would make the count stronger on the roster "for duty."

The object of this communication is to ask a fair test of this remedy by physicians who have to treat cholera.—*G. B. Latigue, M. D.*

*Revaccinations.*—Dr. Perroud, secretary to the Vaccination Committee, presented, on the 23d of March last, a report to the Medical Society of Lyons, in which the advantages of vaccination of variola which has raged in that city are lucidly exposed. Among several important remarks, we especially noticed the advice of not resting satisfied with negative revaccinations. When the latter fail, they should be repeated; as it has been known that, in such cases, the disease has broken out and proved fatal. We should go on revaccinating, M. Perroud thinks, until proper vesicles are produced.



*Chorea of the Tongue from Emotions.*—M. Amedee Latour, describing the bombardment of Chatillon, thus speaks of its effect on himself: "During the first days I had tremblings at every discharge of cannon, together with strong and frequent palpitations of the heart and tremor of the hands. My tongue was seized with a kind of insupportable chorea, which, indeed, I have often experienced on the occurrence of vivid emotions, of which, during my life, I have had my share. It is a strange phenomenon, which I have seen nowhere described. The muscles of the tongue are seized with convulsions, which cause the organ to execute irregular movements to the right and left, fix it against the palate, or curve it back on the frænum—keeping it in constant motion, and occasioning a most unpleasant and irritating sensation. Speech is impeded, and articulation painful, so that it is impossible to read aloud, and to converse is a matter of difficulty. These lingual movements are entirely independent of the will, which can neither arrest nor modify them, whatever effort be made. Sleep suspends them; but they reappear soon after waking. This inconvenience lasted during the first week, but after then, as I became accustomed to the noise, the lingual and cardiac muscles resumed their normal action."—*Med. Times and Gaz.*, July 22, 1871.

*Treatment of Divided Tendons.*—In the case of a young man who had received a wound from a billhook on the back of his hand, dividing the extensor tendon of the middle finger, Dr. Bessieres had two splints made, curved on the flat: one, the palmar splint, was large enough for the hand; while the dorsal one was two finger-breadths wide. The wound was united by a suture passing through the skin only; the concave surface of the palmar splint was then applied to the hand, and the convex surface of the dorsal splint to the middle finger, which was kept thus (with the aid of diachylon plaster) in a state of extension. At the end of three weeks a little stiffness in flexion remained; and six weeks after the injury the man had complete use of his finger.—*Brit. Med. Jour.*, July 29, 1871.

## Editorial.

*The Miami Medical College* commenced its regular session on Tuesday, October 4th, with an unusually large attendance, one hundred matriculants being on the books opening day. Tuesday evening the introductory exercises were held in the College building, the lecture hall being well crowded with physicians, students, ladies, and gentlemen. Prof. Mendenhall opened the exercises by reading a memoir of the professional career of the late Prof. Henry E. Foote; after which Prof. Richardson proceeded to give the usual Introductory Address, which we are glad to learn will be published in due time.

The reputation of the "Miami" is becoming well established; its Faculty are hard-working teachers, and aim to make competent and useful physicians. During the past year very valuable additions have been made to the means of illustration, and these will be constantly increased. The College clinics are growing in importance and attraction, and with the various Hospital facilities of the city, the student at this school really has all the clinical advantages he can utilize. At the present writing the class numbers 170, the largest the College has ever had.

*The Medical College of Ohio* opened its regular course, also, on Tuesday evening, October 4th. The Introductory was delivered by Prof. Nichols, and was an excellent and appropriate address. It has already appeared in the *Clinic*. We have already noticed the important changes in the shape of the "Old Ohio" Faculty. These changes appear to work satisfactorily. As we close up this number the class numbers about the same as at the Miami. As both classes are in advance of last year, we have afforded good evidence that the extensive clinical advantages of this city, and the ability of its medical teachers, are steadily attracting increased numbers of medical students hither.

*The Cincinnati College of Medicine* commenced its exercises on Thursday evening, October 6th. The class numbers about forty. In a former number of this journal we noticed the changes in this

Faculty; but if we are to judge by the *Repertory*, these changes are not so acceptable to the friends of that College as we had hoped and expected.

*Medical Matters in Chicago.*—The terrible conflagration of Chicago has called out the sympathy of the world, and from every direction people pour in of their abundance, as well as the "widow's mite" The profession of the country has especially been keenly alive to the probable losses and sufferings of their medical brethren of the fated city. In Cincinnati, the Academy of Medicine had been gradually accumulating a fund for the erection of a hall—the amount in the treasury was \$300, which was voted at once for medical sufferers in Chicago. The profession at large of the city have also generously responded to this great call. The *Miami Medical College* donated \$100 to the general fund. She also tendered to the authorities of both medical colleges of Chicago the gratuitous care of students until they should be ready to resume. Other medical schools of this city and elsewhere made similar propositions. We are happy, however, to learn that both schools have, with the usual Chicago energy, proceeded at once with lectures. The Rush College is burned, but its Faculty has made arrangements for didactic and clinical teaching. The Chicago (Davis) College was not burned, and its Faculty proceeds without interruption.

*The Cincinnati Academy of Medicine.*—This Society is one of the institutions of our city. In a variety of ways it accomplishes a vast deal of good. It is the medium of communication for the constantly recurring experience of the profession, as it is of its reading and research. The fall sessions are now in regular operation, and the meetings have been well attended and profitable. The contributions from the Academy to this journal are always read with interest. Valuable matter from the Academy appears in this issue, and we hope successive numbers will continue to mirror the thought and experience of our working men. We are reminded that by some singular oversight the Academy proceedings last month gave Dr. Carson as President and Dr. Whittaker as Secretary. The present number gives the correct official heading.



*Financial.*—One more number of the LANCET AND OBSERVER will complete the year. We regret to observe that so many friends, really personal, and really of the journal, are careless about their subscription. We are responsible for monthly payments to a heavy amount. If our friends, with our present large circulation, would be prompt, we should not only be easy in our journal affairs, but have a snug surplus for our work; but so many of our friends are careless and procrastinate to such a fearful extent that we are kept all the time on the anxious seat. *One and all in arrears*, pay up before the next thirty days, and enable us to close up our accounts.

*Sewing Machines.*—"How to get money is the great desire of all. A really good and serviceable sewing machine that will make money for you, or help you to save it, will be sent to your own home on trial for thirty days, no matter where you may be, and you can pay for it in small monthly installments, by writing to the Great American Machine Company, corner John and Nassau streets, New York; or you can have a county right free, as agent, and make money fast. We advise smart men to secure the business, as nothing pays better than the agency for a good sewing machine. Write at once."

*Bright Prospects for the Juniors.*—It is stated by the New York Medical Register for 1871, that there are now in New York City, Brooklyn, and vicinity, 1,553 physicians in good standing. Comment is unnecessary.

*Dr Illowy—Errata.*—In Dr. Illowy's article last month several errors crept in. On pages 585, 586, 587, prescriptions should read *ter hora* instead of *per hora*. Page 586, the prescription near bottom of page, commencing *Tinct. Sulph.* should be *Zinc. Sulph.*; and at the bottom of page 594, "*fat*" gonorrhea should read *lues gonorrhea*.

*Pinus Canadensis.*—Several of our physicians have been trying the fluid extract of the *pinus canadensis*, and report thus far very favorably as to its merits. We have used it quite freely as a local application in the treatment of spongy and ulcerated conditions of the os uteri, and to a limited extent in the treatment of nasal catarrh. Our experience is satisfactory. For vaginal applications it may be used diluted with glycerine; for nasal catarrh,

largely diluted with water. Its action is much the same as that of tannin for these purposes, but its properties as an astringent seem modified by the peculiar vegetable—terebinthinate—property of the hemlock.

*Personal—Atlanta.*—We had a pleasant call from Prof. W. F. Westmoreland, Editor of the *Atlanta Medical Journal*, recently. He had been enjoying an extended trip amongst the Eastern medical centers, and was *en route* home to carry to Georgia a variety of ideas for the benefit of medical teaching, as well as the *Journal*. We wish our Atlanta friends medical peace, and an abundance of medical and personal prosperity.

*Dr. J. Taylor Bradford*, well known in the West as a prominent gynecologist, of Augusta, Kentucky, died on Tuesday, October 31st, after a lingering illness.

---

*A Pleasant Remedy for Sea-Sickness.*—There have been suggestions made as to the prevention of sea-sickness, none of which have, to say the least, been found completely successful in practice. The introduction into practice of hydrate of chloral, which produces with certainty sleep for a definite number of hours, has suggested the means of escaping the horrors of a short sea passage at least, and possibly of mitigating the most prolonged horrors of sea-sickness. To go asleep at Dover, and wake to find one's self at Calais, is a plan which, failing other expedients, has in it much promise. An ordinary dose of hydrate of chloral produces sleep usually in a quarter of an hour, and with almost unfailing certainty. Some cases just published by Dr. Doring, of Vienna, seem to show that the value of hydrate of chloral to obviate sea-sickness is very great. It produces quiet and prolonged sleep. In all instances recorded, it seems to have been of great value, even during prolonged sea voyages, giving good night's rest, arresting violent sickness when it had set in, and stopping the tendency to its recurrence.—*British Medical Journal*.

## Reviews and Notices.

*The Management of Infancy, Physiological and Moral.* Intended chiefly for the use of parents. By ANDREW COMBE, M. D. New York: D. Appleton & Co., 1871.

This little volume, as its title indicates, is rather intended for popular reading, and treats of all the details pertaining to the management of infancy and childhood: indeed, anticipating the birth of the infant, and devoting a couple of chapters to such matters as may influence the future health of the offspring—such matters, for instance, as hereditary influence, the marriage of relations, the mental influences, diet, exercise, and conduct of the mother during pregnancy.

The enormous mortality of early childhood is pointed out, and a chapter is devoted to suggesting those sanitary measures which may diminish this fatal tendency. The proper food of the infant, its exercise, cleanliness, sleep, and a great variety of topics are presented in regular order and detail.

The style of the book is readable, and mothers would profit by observing its teachings. The whole is prefaced by an introductory essay from Sir James Clark, "Physician in Ordinary" to Her Majesty the Queen of England. For sale by Robert Clarke & Co.

*The Teeth, and How to Save Them.* By L. P. MEREDITH, M. D., D. D. S. "*Tibi seris, tibi metis.*" Philadelphia: J. B. Lippincott & Co., 1871.

In the small book before us we have another attempt to meet what the author deems a popular want—instruction as to the proper care of our teeth. It is prepared by one of our Cincinnati dentists, and, of course, commands our attention, as it certainly, and from its own merits, commands our respect.

Of course, a scientific discussion of the anatomy and physiology of the mouth and teeth, or of the dental operations upon these parts, would be out of place for our author's purpose, but nevertheless some interesting allusions to these matters are given. We find a full chapter on the use of nitrous oxide; excellent advice as to the use of particular articles of food, in their relations to



healthy teeth, together with general suggestions as to the care and preservation of these important aids to comfortable eating and digestion. For sale by Robert Clarke & Co.

*Essentials of the Principles and Practice of Medicine.* A Handbook for Students and Practitioners. By HENRY HARTSHORNE, A. M., M. D. Philadelphia: Henry C. Lea, 1871.

This is the third edition of a book that we have already had occasion to commend to the attention of our readers more than once, and now that the favor of the profession has required a new edition, we need scarcely do more than make the announcement. To such as have not examined Dr. Hartshorne's "Essentials," we may say that it consists in a brief, condensed outline of the nature, prognosis, and treatment of the various diseases usually recognized in the large, systematic works, so arranged that the reader has suggested at a glance the salient points of each. In this present edition the author has made some additions and revisions—some of these being of considerable importance, as upon tuberculosis and relapsing fever; as also the uses of chloral and carbolic acid.

Our readers will find it well worth study. For sale by Robert Clarke & Co. Price, \$2.38.

*New Census and Patent Laws.*—Munn & Co., publishers of the *Scientific American*, have published the patent laws now in force in a neat volume, embracing also all necessary instruction to the inventor how to proceed in obtaining his patent right. Price, 25 cents.

*Essay on Growths in the Larynx.* With Reports, and an Analysis of One Hundred Cases treated by the Author, etc., etc. By MORELL MACKENZIE, M. D., London, M. R. C. P. Philadelphia: Lindsay & Blakiston, 1871.

In mechanical execution nothing more attractive has been recently issued from the American medical press. The paper is fine, heavy-toned, and tinted, and the letter-press is beautiful. It is illustrated with numerous wood-cuts and chromo-lithographic plates, exhibiting a great variety of morbid growths about the larynx. A reasonable amount of space is devoted to the nature, causes, symptoms, treatment, etc., of morbid growths in the larynx, but the specially interesting feature of the book appears in the detailed notes of the one hundred consecutive cases that were under the treatment and observation of Dr. Mackenzie. The

author's position as "Physician to the Hospital for Diseases of the Throat," has given him a fine field for experience, and for many years he has been regarded as leading authority in this department of surgery. His contributions have been somewhat copious heretofore in the form of monographs. We had the pleasure of noticing a little treatise prepared by Mackenzie some years ago on the "Use of the Laryngoscope in Diseases of the Throat." Those interested in this class of cases will be glad to get this new work. For sale by Geo. E. Stevens & Co. Price, \$3.

*The Physician's Dose and Symptom Book.* Containing the Doses and Uses of all the Principal Articles of the Materia Medica and Official Preparations, with various other matters in small compass. By JONATHAN WYTHES, A. M., M. D. Tenth edition. Philadelphia: Lindsay & Blakiston, 1871. For sale by Robert Clarke & Co. Price, \$1.25.

## Obituary.

*Died*, at his residence, in Lancaster, Ohio, on Wednesday morning, the 11th inst., Dr. *George W. Boerstler*, aged 78 years, 11 months and 22 days.

We take the following notice of Dr. Boerstler from the *Lancaster Eagle*:

Dr. Boerstler was born at Funkstown, Washington county, Maryland, on the 19th day of October, 1792. He emigrated to this city in 1833, where he resided ever since, and where he devoted thirty-eight years of his active and untiring life to the arduous and responsible duties of his profession. In his death, that profession has lost one of its brightest ornaments, and the community a most worthy, upright, and useful citizen. As a medical practitioner, his place can not be supplied. His whole soul was absorbed in the great duties of his high calling. Neither age or disease deterred him from a prompt and faithful response to the constant demands of his afflicted fellow-beings, whether high or low, rich or poor, deserving or undeserving. He never for a moment hesitated in hazarding his own health or life in his anxious and generous care for the health and life of others. The news of

his sudden death pained many a grateful heart in this community; for every recipient of his kindness, his skill, and his fatherly attention, deeply felt that they had lost a friend whose place it would be impossible to fill. With him, duty well performed, in all its relations, was the great aim of life—kind and indulgent as a father, affectionate and regardful as a husband, he equally filled the character of a good citizen, an honest man, and a tolerant and punctilious gentleman. He possessed a strength of will and a firmness of purpose which no adversity, however trying, no calamity, however great, could shake or disturb. With him, to be right was better than to be successful. He could tolerate no compromise with wrong, either in public or private life. His opinions on moral, political or professional subjects were always decided without being intolerant. He recognized charity, in all its forms, as one of the greatest virtues. Without desiring or intending to intrude upon the province of His professional brethren, who will doubtless feel it to be “a labor of love” to present, through some of the medical journals, a fitting memorial of his long and useful professional life, it is not inappropriate in this place to say that few men rose to greater eminence or success as a provincial practitioner in the healing art. No man in the profession, here or anywhere, was more punctual or attentive at the chambers of the sick and suffering. His genial presence acted like a charm upon his patients. His manner, in the sick room, was always kind and encouraging; it was not his habit to despair of his patients, nor permit them to despair of themselves. His cheerful, almost playful presence, shed its magnetic influence on all those around him; and even the languor of the invalid, on the couch of sickness and pain, was made to yield to the influence of his wonderful flow of spirits. No man in the commonwealth, not in public life, could have passed from among us and left a greater void in the public mind, than that which has been created by the demise of Dr. Boerstler. Especially by the people of this county, will his memory be most gratefully cherished.

At a meeting of the physicians of Lancaster, the following action was had:

The meeting was organized by the choice of Dr. Effinger, Chairman, and Dr. A. Davidson, Secretary.

A committee, consisting of Drs. P. M. Wagenhals, P. Carpenter, and D. N. Kinsman, was appointed on resolutions. The committee reported the following, which was unanimously adopted:



Dr. Boerstler is dead. A great man has fallen. Old and full of years, he was gathered "like a shock of corn fully ripe." To the poor and suffering he was like the "shadow of a great rock in a weary land." At the bedside of the sick and dying, he was tender and compassionate. He was jealous of the honor of his profession, and scourged with an unsparing hand any who attempted to prostitute it to purposes of gain.

He was the earnest friend of the younger members of the profession; ever ready with counsel and advice in so unselfish a spirit, that they came to regard him more as a father than as a competitor.

His was a strong and rugged character. He acted from conviction alone. In his death we have lost a friend and a brother of solid professional acquirements.

He "went about doing good," and, fully equipped in his armor, fell.

*Resolved*, That we tender our sympathies to the family of the deceased.

*Resolved*, That a copy of these proceedings be sent to the family of the late Geo. W. Boerstler.

*Resolved*, That the medical faculty of this city will attend the funeral in a body on Friday, 13th inst., at 2 P. M.

*Resolved*, That these proceedings be published in the Cincinnati LANCET AND OBSERVER, the daily papers of Columbus, and in the papers of this city.

P. M. WAGENHALS, M. D.

PAUL CARPENTER, M. D.

D. N. KINSMAN, M. D.

*Committee.*

M. EFFINGER, M. D., *Pres't.*

A. DAVIDSON, M. D., *Sec'y.*

For many years in the medical history of Ohio, Dr. Boerstler occupied a prominent and busy part. In 1841, Dr. Boerstler was president of the State Convention held at Columbus. Again in the organization of the Ohio State Society in 1846, he was made president of the preliminary meeting, as also president at the meeting in 1851 in Columbus. These several compliments show the standing and esteem in which he was held while an active member of the profession.

As a man, and a physician, the article copied above shows how well he acted his honorable part, and how truly he was loved where he was best known, and filled up his measure of usefulness.

*Thomas Hawkes Tanner, M. D., F. L. S., M. R. C. P.*, died in Brighton, July 7th, at the early age of 46. He began practice in London in 1847, and since then had held several responsible appointments, and enjoyed for many years past a very extensive practice. His "Manual of the Practice of Medicine," originally published in 1854, has gained in popularity with each successive edition, and from a mere pocket manual has grown to a complete work in two large volumes. He was the author also of "Signs and Diseases of Pregnancy," a "Practical Treatise on the Diseases of Infancy and Childhood," "Clinical Medicine," an "Index of Diseases," "Memoranda on Poisons," and several smaller works and papers on various subjects. The leading characteristic of his life was indomitable industry, which enabled him to accomplish a vast amount of work, though at the sacrifice of his own health. He had been suffering for several years from renal disease, consequent on an attack of scarlet fever in 1854, and his death was caused by uræmia. For two months before his death he had been obliged to relinquish his professional duties.—*New York Medical Journal*.

---

*The Use of Carbolized Catgut Ligatures.*—Dr. George Buchanan reports in *The Practitioner* for July, 1871, a case of diffuse traumatic aneurism upon which he had operated by laying open the sac and applying a ligature both above and below the wound in the artery. Carbolized catgut ligatures were used, because it was thought they would produce obliteration of the artery without ulcerating through its coats. Considerable discharge took place, but from first to last not a trace of decomposition or putrefaction could be observed. The most careful examination of the discharge failed to detect any appearance of the catgut ligatures, and they were probably retained and imbedded in the tissues, occlusion of the vessels taking place without ulceration of the coats of the artery and discharge of the ligature. The patient made an excellent recovery.

# NEW MEDICAL AND SCIENTIFIC BOOKS,

FOR SALE BY

ROBERT CLARKE & CO.

CINCINNATI.

REYNOLDS' System of Medicine, vol. 3, completing the work, Cl.	\$6 00
TROUSSEAU'S Clinical Medicine, vol. 4, Cl.	\$4 00
DUCHENNE'S Localized Electrization.	\$3 00
SKIN DISEASES: their description, pathology and treatment. By Tilbury Fox, M. D. London,	\$3 25
EMERGENCIES, and how to treat them. By J. W. Howe, M. D. Should be in the hands of every Student and Practitioner of Medicine. It contains in a small compass, all the cases of emergency occurring in medical and surgical or obstetrical practices, also cases of poisoning. Price, Cl.	\$3 00
SIR JAS. Y. SIMPSON'S Collected Obstetrical and Gynæcological Works. Cl.	\$5 00
STIMULANTS AND NARCOTICS, Medically and Morally considered. By Geo. M. Beard, M. D.	\$ .75
HEALTH, and its Conditions. By Jas. Hinton.	\$1 25
ODD HOURS OF A PHYSICIAN. By John Darby, M. D.	\$1 50
UNIVERSAL PRONOUNCING DICTIONARY of Biography and Mythology. By J. Thomas, complete in one vol. Sheep.	\$15 00
MODES OF ORIGIN of lowest Organisms, including a discussion of the experiments of Mr. Pasteur, and a reply to Profs. Huxley and Tyndall. By H. C. Bastian.	\$1 25
JOURNAL OF RESEARCHES into Natural History and Geology of the countries visited by H. M. S. Beagle, round the World. By Chas. Darwin, Cl.	\$2 00
TYNDALL'S Hours of Exercise in the Alps.	\$2 00
PROCTOR'S Light Science for Leisure Hours.	\$1 75
HAND-BOOK of American Travel, Western Tours.	\$2 00
BRYANT'S Odyssey of Homer. Vol. 1, Cl.	\$5 00
Physician's Visiting Lists for 1872, now ready, and will be sent by Mail, free of charge, on receipt of price.	
25 Patient's Weekly Tuck-Pocket and Pencil.	\$1 00
50       "       "       "       "       "	1 25
100       "       "       "       "       "	2 00

ROBERT CLARKE & CO.,

PUBLISHERS & BOOKSELLERS,

No. 65 W. 4th. St., Cincinnati.



THE CINCINNATI  
LANCET AND OBSERVER.

---

E. B. STEVENS, Editor.

---

VOL. XV.—DECEMBER, 1872—No. 12.

---

Original Communications.

*Art. I.—On the Improper Use of the Probe.*

By F. SEYMOUR, M. D.

In writing this article, about the use of our familiar friend, the probe, let it not be thought that I at all wish to speak against our old acquaintance or the proper use it can be put to, or that I desire to see it left out of our *armamentarium chirurgica*. On the contrary, I wish it to be well used; and, in the proper spirit, desire to vouch for its usefulness. It is the very improper use to which it is so often put by the surgeon, in cases where it can do no good, but very often does great harm. Nothing appears to me to evidence the want of correct surgical knowledge than the frequent use of this instrument, by medical men, in certain cases where it can give no information to the surgeon and no relief to the patient. In many cases of wounds—gunshot wounds—this instrument becomes an agent of positive harm: *first*, by super-added injury; *secondly*, by causing a false prognosis, and leading

INFANTILE DIARRHŒA.—The following compound, comminuted, complicated, shotgun prescription was introduced to us by our friend, Dr. J. P. McGee, and has served a most excellent purpose in the simple diarrhœa of infancy and childhood. It also serves well as a menstruum with which to combine more active remedies:

R <sub>x</sub>	Fluid hydrastis, . . . . .	3j.
	Fluid ext. geranii, . . . . .	
	Fluid ext. catechu, . . . . .	āā 3iv.
	Fluid ext. leptandræ, . . . . .	3iiss.
	Potass. bicarb., . . . . .	3j.
	Acidi tannic, . . . . .	3ss.
	Bismuth subnit., . . . . .	3v.
	Spts. vini gallici, . . . . .	3j.
	Ess. menth. pip. . . . .	
	Ess. cinnamonii, . . . . .	āā 3ss.
	Syr. rhei arom., . . . . .	q. s. 3vj.

M. Sig.—One to two teaspoonfuls after each action from the bowels.—*Mississippi Valley Medical Monthly.*

INFANTILE COLIC.—The following is the modification of Dalby's carminative I spoke to you of, from which I have had almost universal satisfaction in the colic of young babies. It beats all the opiates and nauseous doses:

R <sub>x</sub>	Magnes. carb., . . . . .	3ij.
	Ol. anisi, . . . . .	mj.
	Tinct. cardamomi, . . . . .	
	Tinct. assafœtidæ, . . . . .	āā mij.
	Glycerine, . . . . .	3ij.
	Aqua menthæ viridis, . . . . .	
	Aqua camphoræ, . . . . .	ad. āā 3ij.

M. Sig.—Teaspoonful every half hour till child is comfortable.

Of course, this does not preclude warm baths, hot cloths on abdomen, relief of constipation, if present, massage, etc., but it does all opiates and soothing syrups.—Dr. J. P. McGee, *Mississippi Valley Medical Monthly.*

#### CARDIAC DROPSY.—

R <sub>x</sub>	Sodii bicarb., . . . . .	3j.
	Tinct. digitalis, . . . . .	3j.
	Vini colchici rad., . . . . .	3iiss.
	Tinct. gentianæ comp., . . . . .	3iij.

M. Sig.—Teaspoonful in water after meals.

## Book Notices.

---

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE; DESIGNED FOR THE USE OF PRACTITIONERS AND STUDENTS OF MEDICINE. By Austin Flint, M.D., LL.D., Late Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, New York, etc. Sixth Edition, Revised and Largely Rewritten by the Author, Assisted by Wm. H. Welch, M.D., Professor in Johns Hopkins University, Baltimore, and Austin Flint, M.D., LL.D., Professor of Physiology in the Bellevue Hospital Medical College. 8vo, Pp. 1160. Philadelphia: Lea Brothers & Co. Cincinnati: R. Clarke & Co. Leather. Price, \$6.00. 1886.

The author of this work, Professor Austin Flint, was undoubtedly the most distinguished physician of this country. He held the same high position in the medical profession of the United States that Dr. Benjamin Rush did during his day, and which Dr. Jenners, of England, does in the profession of that country at the present time. Possessing a well-trained mind and disciplined to close and accurate thinking, he reasoned logically, making correct inferences. He was a person who could deduce truths from facts presented to him—forming conclusions from processes of reasoning as valid as discoveries made by the senses. Beginning in 1833 and continued for more than half a century, it is said that he possessed an unbroken series of records of cases in private practice and in hospitals covering sixteen thousand nine hundred and twenty-two folio pages of manuscript, written with his own hand. These records embrace carefully written histories of cases in all departments of practical medicine, observed under varied conditions of life, climate, and general surroundings. Soldiers in camps and barracks; the rich and the poor; those affected with diseases incident to lives of luxury and ease and paupers in hospitals; the pioneers of Western New York and the inhabitants of the Metropolis; patients in the wards of the almshouse and hospitals of Buffalo, of the Marine Hospital in Louisville, Ky., the great Charity Hospital in New Orleans, La., the Bellevue Hospital, the Charity Hospital, the dispensaries, and similar institutions in the city of New



the user of it to forego efforts which, under other circumstances, he would apply.

I am not going to give cases, though I could give a great many, where, through deductions arrived at by the use of this instrument, the prognosis was considered fatal, and where another surgeon had been called in and the patient survived to give the positive evidence of error on the part of the first prognosis. For instance, a man is shot in the head, the ball entering the cavity of the skull, passing through or into some portion of the brain. Now, it is the first thing, with the majority of the surgeons, upon being called, to probe the wound. Now, in the name of common or uncommon sense, what benefit can accrue to the patient or to the surgeon by ramming a probe into the brain to try and find the ball. Would he not add to the harm already done by probing and irritating the already wounded brain; and what good could he do with it? It is true, some would say, he would know that the ball had entered the brain, and might thereby found his diagnosis and prognosis, and direct his practice. Well, I say that he could do nothing of the kind. If the symptoms present did not point out to him the injury, the probe could not; but he could, by probing about, add materially to the injury already inflicted.

In the cases of gunshot wounds in the abdomen, what an unsurgical-like trick of running probes into the cavity of the abdomen to hunt after a ball fired into it. Why, what can a surgeon do if he finds the ball has gone into the cavity? Can he cut into the abdomen, and grope about and find it? Now here, as in the brain, the probe has and will do as much harm as the bullet, or very nearly. But suppose it does not, what can the probe teach? Can it tell the surgeon that the bullet has wounded an artery, a fold of the intestines, or the mesentery, or what? Can the probe tell the surgeon whether the ball has passed between the intestines and lodged in some part where it does no harm, or whether it has wounded some part fatal to life? Is it necessary to find that the ball has entered the peritoneum, wounded the intestines, or divided some arterial branch? Then, in heaven's name, what good or benefit is there in sticking a probe into a man's belly?

Then, again, in the chest. What can a surgeon gain by running his probe into the chest? If the ball has passed into the lung and wounded the pulmonary artery, does it require the probe to tell it to him? Can it tell it to him? Dare a surgeon, knowing his profession, probe and probe into the lung to feel and hunt for

the ball? I said a surgeon—I did not mean some men calling themselves surgeons and ignorant of the first principles of surgery; for those men, in their ignorance, verify that

“Fools rush in where angels fear to tread.”

Could he cut into the chest and into the lung and tie up the bleeding artery? Now, it is no use in going further in this matter; only let me ask these probing gentlemen if they are sure of the object the probe touches. Remember the Garibaldi case. Partridge and Nelaton, two excellent surgeons, could not, with every opportunity, be certain that there was a ball in or near the ankle joint, after many examinations; and it was not until Nelaton had invented for him a probe with a porcelain head, that allowed the lead of the ball to leave its mark upon the probe, that the object thought to be the ball by Nelaton was detected.

Now, so little information does the probe give, or even the finger (that best of probes), that I have seen, several times, a piece of bone under the skin mistaken for a ball, and cut down upon and extracted for the ball, to the surgeon's disappointment; and many other army surgeons will verify this statement. I saw once a surgeon of the highest intelligence, as good as any man in his profession in this country, sure that the object felt was the ball, and, in his peculiar egotistic style, waive off all doubts as to the matter, cut down upon the supposed ball and extracted—what!—a soldier's metal button (which had been driven into the wounded man's body), and the extraction of which caused a grim smile among his medical friends around him.

I have seen four medical men, of fine standing and knowledge in their profession, in consultation over a man who had tried to kill himself by shooting, use the probe, one after the other, and declare the patient would die in a few minutes, and that nothing could be done for him as the ball had wounded the heart, and then quietly left the room, satisfied the ball had passed through the left ventricle, as the probe “had certainly shown;” yet this man recovered without any very bad symptoms and carries the ball in him yet; he says it gives him no trouble, and he has the best of health, or had two years since.

Not many weeks or days since, a woman was brought under the care of a surgeon in this city, and the gentleman did me the honor to associate me with him. She was in a state of coma, with apoplectic stertor, paralysis of muscles of one side of face,

every symptom of compression of brain present, an external scalp wound, just below the transverse ridge of occipital bone. The wound was enlarged, a flap turned up, and a fracture found extending across the posterior part of the skull, without depression; no depression observable; no further operation was resorted to. It was diagnosed a case of compression; supposed transverse sinuses were ruptured, and most probably laceration of brain. Everything was done. The prognosis, from the first very unfavorable, was verified. The woman died, and upon post-mortem examination a clot of blood of four ounces was found, from rupture of the middle meningeal artery, which produced the fatal issue. Now, suppose in this case (for it was produced by a fall in a state of intoxication, and the rupture of the artery was the effect of *contre coup*, for no wound or blow was found over or near the position of the *arteria meningia*); suppose, I say, that it had been a pistol-shot wound, and the ball had passed into the brain, and the probe had detected the fact, what would have been the deductions? Why, that the symptoms were all traceable to the injury inflicted by the ball, and thus the judgment of the practitioner been lead away, not because of the symptoms, but because the ball had entered the skull.

Now, take the case of James Fisk, Jr. What did the probe there? Not any service; but, on the contrary, the defense, on the trial, alleges that the case was made worse by the probing. And what assistance did it give to the diagnosis or prognosis? If the intestines are wounded, the patient generally dies, not from the wound, but the effects of the wound. Supposing now the ball, in its passage, has ruptured an artery, does the probe give any insight as to which vessel is divided? It is useless to say, that you might tell from the direction of the wound through the use of the probe, because it is impossible unless you knew the angle of incidence, the momentum of the ball, the amount and angle of opposition, and the angle of deflection caused by the various tissues through which it passed. How often has a ball struck on different points of the arm, on one side, to be found at points whose direction was entirely different from the line of impingement, the line of movement being between the line of motion to the object struck and the angle at which the force was received and returned. But that is not the point—it is to prevent the injury accruing from so much probing and poking in case of gun-



shot wounds, which action can be of no use either to the surgeon or the patient.

Now, suppose a ball has passed through a bladder filled partially with its contents, and the surgeon is called. He may suppose, from the fearful shock and the place at which the ball entered, that the bladder *might* be wounded; but can the probe be of any service to him, but, on the contrary, would it not be injurious to the patient. What could he learn by it? The position of the viscus is changed immediately upon the injury received; it, instead of being full up above the pubes, is simply flaccid and down. The line of passage of the ball is entirely altered in regard to its relations at the time the shot was fired; and the surgeon might go poking away till doomsday before the nature of the injury would ever be ascertained by the probe. Or, take a wound of the stomach through the paunches of the abdomen. Of what use would the probe be, either in regard to prognosis or diagnosis?

Fancy a case which happened here a short time since, where four medical men were in attendance, who all, one after the other, probed the wound, a gunshot wound in the abdomen, and then neither detected the position of the ball nor its track, and who, upon the result of that probing, prognosed a fatal wound, which fortunately the patient recovered from, only to verify the truth of the useless habit of probing wounds inflicted by gun shots and the entrance of balls into cavities of the body.

---

***Art. II.—Some Contributions to the Statistics of the Operation of Nephrotomy, so-called, with a few Observations thereon.***

By THOS. H. KEARNEY, M.D., Professor of the Principles of Surgery and Surgical Pathology in the Miami Medical College.

There are certain diseases and operations, which, in consequence of their infrequency, appear to fade out of the professional memory, at times. Such is the operation of nephrotomy, which, though advocated in the Hippocratic writings, and commented on by many of the ancient writers subsequent to the time of Hippocrates, is at the present day hardly mentioned by surgical authors. Mr. Erichsen (in the 5th edition of his work), Sir Wm. Fergusson, Professor Hamilton, and Mr. Gant do not mention it at all. Dr. Ashurst is very brief on the subject, and does not give any statis-

tical information beyond a bare reference to the case of Marchetti. Professor Gross, in the edition of his work just issued, devotes eleven lines to the subject, and cites three cases of the operation, so-called: that of Marchetti, and those of Gunn, of Chicago, and Durham, of Guy's Hospital. Those two last, it will be seen by reference to the published accounts in the journals, were merely exploratory operations, by which the kidney was exposed, so as to admit of being examined for calculus, according to the suggestion of Mr. Thos. Smith. Professor Gross might have correctly mentioned the case of Mr. Bryant, of Guy's, in which the kidney was incised, but without the discovery of the suspected stone. That complete nephrotomy was performed in this case was proved at the *post-mortem* examination of the organ.

During a recent discussion in the Academy of Medicine, the question of the infrequency of such operations as the one then reported, came up; and, in consequence, the writer was induced to make some researches on the subject. The following extracts are given *verbatim*, or as nearly in literal accordance with the original as possible.

CHELIUS uses the following language: "The removal of the stone by *cutting* (nephrotomia) can only be undertaken, when an œdematous, or fluctuating swelling, or a fistula has formed in the loins. Having opened the abscess, its bottom must be examined with the finger or the probe, and if a stone be met with, it must be removed, after enlarging the wound, if it be too confined.—*Syst. Surgery, Am. ed., vol. 3, p. 268.*

After describing pyelitis from calculus and other causes, Sir HENRY THOMPSON adds: "*Abscesses* may be formed under these circumstances; also as the sequel of nephritis; they should not be opened until the tumor points and the diagnosis is perfectly clear. Often they are perinephritic, although originated by disease within the kidney itself; occasionally a calculus may be removed through the opening made."—*Holmes's Syst. Surg., vol. 4, p. 333, 1st ed.*

VELPEAU, after expressing his incredulity in regard to the operation of true nephrotomy having ever been attempted, goes on to say: "The operation can not, in reality, be proposed, except in a small number of cases, as in those in which the flank, which has become the seat of an evident fluctuation, after the existence of various signs of calculous affections in the kidney, would enable us to reach the morbid collection with facility and cer-

tainty," etc., etc. "In such cases the operation is so simple, and is reduced to so small a matter, and has moreover, to be modified by so many controlling circumstances, that it would be useless to describe it in detail."—*Mott's Velpeau, Blackman's ed., vol. 3, p. 692.*

After making some admirable remarks in reference to the ambiguity of symptoms, and the difficulties and dangers of the operation, Mr. Benjamin Bell condemns the performance of true nephrotomy; but adds: "When, indeed, the inflammation induced by a stone in the kidney terminates in an abscess, and when the matter thus collected, forms a tumor, in which a fluctuation is distinguished, little or no danger can ensue from laying it open: and in such an event, the stone that produced the tumor will either be discharged along with the matter; or it may, if it can be laid hold of, be afterward taken out with safety."—*Syst. Surg., vol. 6, p. 216, 7th ed.*

"The incision, in parallelism with the sacro-lumbalis muscle, must be free, and sufficiently deep to enable the surgeon to explore with his finger the extent of the cavity, and seek for gravel, or any large concretion."—*Cyclop. Prac. Surg., art. Nephrotomy.*

SAMUEL COOPER, in his dictionary of Practical Surgery, uses these words, under the head of Nephrotomy: "When a stone, from its size, can not pass from the kidney, and excites inflammation and suppuration, no doubt, the surgeon may make an incision into the tumor, and extract the calculus. In this sense, nephrotomy is certainly a practicable operation. Warner contends that it can only be practiced in such circumstances, notwithstanding whatever may have been said by Marchetti, or others, upon the subject. In such a case, the operation would not be attended with any greater difficulty, than the opening an abscess in any other part of the body."

This last sentence is almost a verbatim quotation from Joseph Warner's Cases in Surgery, p. 241.

It is evident from the foregoing extracts, that the authors quoted do not regard such an operation as the opening of a lumbar abscess, in connection with a disorganized kidney, and the extraction of a renal calculus, an operation of any magnitude; and it may be inferred from the language used, that such cases are not exceedingly rare. For none of them comment on their infrequency, but speak of the removal of a calculus under such circumstances as a matter of course. Yet, an examination of the literature of the subject, as far as rather limited opportunities would



permit, affords only the following cases—sufficient, however, to dispose of the claim made for such a case recently, that it was the second of its kind reported!

CASES.—A case is referred to by Heister, though without the particulars. After arguing in favor of the practicability and propriety of true nephrotomy in certain cases, he proceeds in the following quaint language:

“But nothing can be more reasonable than to perform Nephrotomy, when we are directed to it by Nature pointing out the place, by a Tumour and Abscess formed in the loins, from a Calculus in the Pelvis or Kidney. In such a Case, we are also supported by the Advice and Authority of Schenckius, Wedelius, and Meekren; together with Lavaterus, formerly an eminent Physician and Surgeon of Helvetia, with whom I amicably cohabited for some time, in the Year 1710, he then practicing Surgery at London with great Applause. He at that time told me that he had not only performed this Operation with Success in the above-mentioned Case, but had also publicly declared (in the last Page but one of a Treatise published in the Year 1708, at Utrecht on the Rhine, *de Atriteis et Hypospadiacis*), ‘I perform the Operation of Nephrotomy, on either of the Kidneys, when Nature directs to that Practice by forming an Abscess.’”—*A General System of Surgery by Lawrence Heister*, Vol. II, p. 163.

“Gaspard Bauhin operated on a girl, born of parents of calculous diathesis, who was attacked with a tumour in the lumbar region, following a total suppression of urine. A surgeon applied poultices to this tumour, during two months, in the hopes that it would suppurate, but without any success. At last he distinguished a very hard point in the tumour, into which he made an incision through which he extracted two calculi. This operation was followed by all possible success.”—*Rayer, Maladies des Reins*, Vol III, p. 59.

“Rousset also reports that a man who had suffered for a long time with nephritic pains, accompanied by vomiting, presented afterwards a considerable tumour between the groin and iliac bone. A very experienced surgeon made an opening into the tumour and evacuated a quantity of urine mixed with pus, and a calculus of the size of a bean.”—*Ibid.*, Vol. III, p. 222.

“Aymar, a surgeon of Grenoble, communicated to Riviere the case of a man who had a tumour in the lumbar region, from which he removed calculi as large as almonds, and later one the size of

a bean. During ten years, consecutively, there ran out of this fistula a serous fluid, which would soak the linens applied to it, so that it seemed as if they had been dipped in water. The fistula closed from time to time, only to open again spontaneously after the lapse of some months."—*Ibid.*, Vol. III, p. 325.

"Roonhuysen extracted, by opening an abscess in the right kidney, a tolerably large stone, of which he gives a drawing in his work. He conducted the treatment of the wound, according to the rules of the art, to a perfect cure, so that the patient lived in perfect health for two years after. At the end of this time, a new inflammation occurred on the same side of the loins. The surgeon, not doubting but that there was still some foreign body there, opened the cicatrix and removed a second stone, smaller than the first. The wound closed, and the patient since has always enjoyed good health."—*Ibid.*, Vol. III, p. 226.

"Ledran reports a case of abscess in the loins, after opening which, he extracted a calculus as large as a pea."—*Ibid.*, Vol. III, p. 233.

"Collot saw Cressé incise a lumbar abscess, from which he removed a stone."—*Ibid.*, Vol. III, p. 225.

"Mr. Gregory Smith has seen three cases of abscess in the kidney, resulting from the presence of calculi in the organ. One of these cases was that of a patient who was admitted some years since, in a state of hectic, into St. George's Hospital. There was a large abscess pointing, and apparently about to burst in the lumbar region. Sir B. Brodie laid the abscess freely open, and on introducing his finger into the cavity, detected several loose bodies at the bottom of it; these, being removed by means of a small forceps, proved to be three calculi of the size of nutmegs."—*London Lancet*, 1839 and 1840, Vol. II, p. 449.

T. Spencer Wells makes the statement: "I have twice opened perirenal abscesses in the loin, and in one case removed a small renal calculus through the opening."—*Dublin Quarterly Journal*, February, 1867.

Nelaton, in the fifth volume of his *Eléments de Pathologie Chirurgicale*, records a case of the removal of a large renal calculus from an abscess, the opening of which was accomplished partly by incision, and partly by caustic.

Thus, we find eleven cases recorded in which abscesses communicating with disorganized kidneys, and containing calculi, have been opened and the calculi immediately extracted. Others have

queen reported, where the abscesses have been incised and the calculi removed, after varying intervals; but are omitted here, as not being cases in point. Such are the cases of Lafitte and Pouteau.

Another point raised in the recent discussion in the Academy, was as to the proper application of the term nephrotomy—the compiler of this paper taking the ground that, although surgical writers generally sanction the use of the word in its widest sense, yet, as precision of meaning is so important in the statement of scientific facts, the word nephrotomy ought to be used only in its literal sense. As now used, the word is absolutely worthless for conveying any definite meaning; for under it we find indexed throughout surgical literature such cases as the opening of perirenal abscesses, the dilatation or enlargement of renal fistulæ, the extraction of calculi from abscesses, as in the cases quoted, and the total extirpation of the organ, as well as incisions into the true substance of the gland—the only cases to which the word ought to be applied. Perhaps the only value the word now possesses is in the convenience it affords for foisting on the profession an insignificant operation, under the dignified and high-sounding name of nephrotomy!

The writer is happy in being able to quote so high an authority as Rayet in support of the opinion he advanced on this point. The following extracts from that author's work show very satisfactorily his disapproval of the loose and vague use of the word, which includes, under nephrotomy, operations varying so widely in character:

“Lafitte and Pouteau have practiced with success in similar conditions (that is, when an abscess exists which has had its origin in the kidneys), the opening of such abscesses. Not only have they been so fortunate as to effect a sensible improvement in the health of the patients after the evacuation of the pus, but also to extract the calculi which had been the cause of the inflammation. This operation has been followed by a complete cure. Nevertheless, I must remark that they have erroneously given the name of nephrotomy to the simple opening of an extra-renal abscess, the result of calculus pyelitis.”—*Rayet*, Vol. III, p. 52.

This sentence occurs introducing the account of the operation of Hippeau:

“Since then” (that is the time when Hevin wrote upon nephrotomy, in the *Memoires de l'Academie Royale de Chirurgie*), “there have been several times cited, as examples of nephrotomy, cases



of simple incision of abscesses of the loins proceeding from the kidneys. Such is the following reported by Hippeau," etc.—*Ibid.*, p. 236.

"Several observations of lumbar abscesses proceeding from the kidneys, opened either with a cutting instrument or caustic, and whence renal calculi have been removed, have been also reported by Lafitte, and quoted erroneously as examples of nephrotomy." *Ibid.*, p. 235.

After stating the opinions of various of the older surgeons in regard to the advisability of the operation of nephrotomy, Rayer continues thus: "I take this occasion to remark, that although the question of *nephrotomy* had been disputed, there was almost a perfect unanimity among surgeons and physicians of the highest authority, recommending the opening of lumbar abscesses proceeding from the kidneys, in order to give issue to pus and sometimes even to calculi."—*Ibid.*, p. 222.

The foregoing quotations and remarks represent, substantially, the writer's comments and criticisms on the case reported in the Academy on the 26th October; and are directed solely to the statements then given of the operation and the amplification of those statements called out by the remarks then made. It is not intended to follow that case through its subsequent variations of history.

*My remarks were intended to apply to a case of lumbar abscess, resulting from chronic suppuration and degeneration of the kidney, caused by the presence of a calculus; and such a case as the original report made it appear to be.*

---

*A New Anæsthetic.*—Dr. von Langenbeck employed, in six important operations, as an anæsthetic, the æthylid chloride, and found the same possessed many advantages over chloroform. The narcosis occurred more rapidly (from one to three minutes at most), and all unpleasant phenomena are absent, such as congestion, cough, vomiting. The narcosis is quiet, and no suffocative phenomena, and no changes of the pulse, occur. [The editors are informed that, unfortunately, at the end of July last, a patient, on whom the operation of resection of the nervous intra-orbitalis was to have been performed, died during the operation under the use of this medicine.]—*Berlin Med. Ges. Rundsch.*

## Translations.

### *Prostitution in Paris and in London, 1789-1871.*

*Cursory View at Prostitution in Paris during the "Siege" and "Commune"—New Statistical Information.* Par C. J. LECOUR, *chef de la première division à la Préfecture de Police, Paris, 1872.* *Revue critique* par M. le Dr. FAURE. Translated from the *Archives Generales*, by Dr. T. C. MINOR.

The title of this book recommends it at once, however singular it may appear. Such a subject treated by the man who, from his official position, is ablest to penetrate its most hidden secrets, can not but offer an immense interest. In commencing, the author only wished to give some indications of statistics, and of the practical details which have been so often demanded of him, but when one is called on to occupy himself with the study of prostitution, he feels drawn, says he, toward the complete examination of this great social evil.

One of the great problems of the government, relative to prostitution, is to protect the public health against the consequence of debauchery; singular fact, it has as many difficulties to surmount on the part of the public as on the part of the prostitutes themselves. In effect, the government has, for its object, the protection of the individual against venereal disease; it can do it only by exercising a *surveillance* over prostitutes who are restrained, it is needless to say, from their liberty in a certain measure, from whence certain humanitarian minds, giving a political, philosophical, or religious import to that which is only an administrative necessity, come, in the name of individual liberty, to protest against the action of the government. It was in this way that the "Congress" of 1867, through proclaiming that *the surveillance of prostitution is inadequate from a sanitary point of view*, inscribed, so to speak, at the head of its programme, that the solution of the problem stated, could not be sought in a new body of penal laws, *applicable to individuals who lived under the common civil law*. This restriction rendered the solution of the problem impossible, because, that outside of ascertaining the ravages caused by venereal infection, the question allows projects for laws with regulations which could be usefully prescribed in a condition to foresee a penal

sanction. It was on this occasion that measures were proposed which denoted, on the part of their authors, more ingenuity than practical force. We saw Dr. Moagiot demand the preliminary inspection of men by the mistresses of houses of indulgence; M. Cohen desired that all new-born children should be circumcised. Auzias Turenne desired universal syphilization, reserving for himself, on his own account, as we know, an exemption from the law that he proposed.

We say, willingly, that prostitution is an inevitable evil. But no one wishes to uphold it in his neighborhood. Almost all houses refuse prostitutes as tenants, they are forbid to frequent public places, theaters, halls, churches, promenades, etc. But against the execution of these regulations, which are imposed on them in the interests of morality and of public safety, what open or concealed resistance does the "government" not feel on all sides? All the world seems to owe applause to the execution of vigorous measures. *The chief of police has a discretionary power, he shall resort to the most severe measures.* It seems that he has nothing more to do than to act, but here reappears this spirit of contradiction from the multitude who wish us to handle prostitution rigorously, and who always themselves undertake to protect prostitutes against the law. Sometimes the administration sees obstacles spring up before it of a superior order that theory could not make it foresee; at times, it is interest or pity that the position of the unfortunate one, plunged into ruin, commands, one in whom we can see a hope for repentance. "That the hypocrites, so ignorant themselves, become exasperated in the open boulevard by the measures taken, of which the prostitutes are the object, when, that an hour before, in their own families, they were blaming the police for their carelessness in permitting courtesans to profane, by their scandals, the promenades and various public establishments, thus preventing the visits of virtuous women to those places." As regards clandestine prostitution, it is still much worse.

If the police have often to struggle against public opinion in the suppressions of misdemeanors arising from prostitution, the legislators seem, by a sort of virgin modesty, to have chosen to discard the subject and all that which concerns it; no legislative measure, neither in the fourth year nor since; eminent magistrates and lawyers tried to draw up special projects; *after profound examination, they were constrained to recognize the impossibility*



of the work; the "Consul of Five Hundred" named a commission for the investigation of this subject, who appear to have made no report; during the sittings of the third month and fourth year, the citizen Boucal summoned a commission, who were instructed to institute a law regarding houses of ill-fame, the which attacked in such a baleful manner the health of the people and the laws of common decency; assailed by the most violent murmurs, the report of the day was voted on after a fearful outcry on the part of citizen Dumolard. "The intentions of the previous speaker are laudable," cried he, "but it is not the duty of the legislators of a great people to make bugbear regulations, police laws exist that we have enacted." In this way the administrative policy for the suppression of an abuse whose dangers were patent to all eyes, often met a kind of opposition from the portion of society that it protects, and the legislator, very far from favoring such a necessary, and above all legitimate support, studiously cleared his skirts of all responsibility. This picture of an administration, forced by its mission to act in a rigorous manner in the interests of society, under the eyes, at the same time, of the public who asked for nothing better than to charge an abuse of power, and of the legislator who considered himself as obliged by self-respect to refuse his co-operation; this is assuredly one of the most interesting parts of the book. That which characterizes the administrative acts of which prostitution has been an object, from a most remote period of time up to an epoch not long since passed, is the rigor of the penalties and the absence of all sanitary prejudice. The disease was considered as a justly applied punishment; the law willingly saw in it an auxillary.

Sanitary hygiene dates from yesterday. In 1785, venereal patients were besieging the "*Hotel Dieu*," likewise "*Bicetre*" and "*Salpetriere*," but it was necessary for them to pay for treatment by corporal punishment, and how were they treated? Crowded in, the same bed serving for several patients, who took turns in occupying it, and lay around upon the tile floors awaiting their turn; we count at "*Bicetre*" only 600 entered of more than 2,000 who asked for admission. "*Les Capucins*," "*La petite Force*," and "*L'hopital de Vaugiraud*" received patients, but the period of foreign occupation quickly renewed the embarrassment. At Paris, foreign soldiers, healthy ones at that, installed themselves in the beds intended for the sick. The Prussians, especially, took possession of the venereal hospitals, and remained there when

there was no necessity for so doing, refusing to leave, and occupying beds in quantity double their number.\*

We can not appreciate the true character and importance of the measures of all sorts to which prostitution has been subjected, if we have not previously studied the different phases they have undergone before arriving at their present condition and the regulations concerning them. It is impossible to have any idea of the subject, without a knowledge of the laws it has followed up to the present day, of which some of them, it is curious to observe, already derive their elements from the edicts of the middle ages.

There will be certainly a study incredibly interesting to make between this tendency of power to restrain itself in its action in view of the inalienable principle of individual liberty, even among prostitutes, and the imperishable propensity of these latter unfortunates to abuse, without reserve, the seeming tolerance that we appear disposed to offer them.

In the definite regulation, as we see, though the legislature itself suggests the necessity of putting them on guard against themselves in such a way as to repress their natural disposition to avoid regulations, there is almost as much protection against themselves as repression; it seems that it might be considered to meet individuals, I was going to say animals, as unconsciousless as malevolent.

This collection of considerations is found recapitulated in two words in a very remarkable circular of M. Delaveau, then *prefect de police*, June 14, 1823. "Among prostitutes," says he, "it is necessary to see: 1. Women, that is to say, beings who form a portion of society; 2. Prostitutes, that is to say, women whose position requires a *surveillance* and measures of special repression."

This was always the same danger, the true rock of Sisyphus; the necessity to act in the face of an abuse which sprang up unceasingly, and the fear of exceeding the limits of right. And still, in the application of respect to this right of every one, what conflicts between different interests! What a struggle, for example, between that merchant who sees prosperity from his trade, and attributes it to the frequentation of his place of business by the public who attract into his neighborhood the presence of unfortunate girls, and that severe moralist who proclaims that the

---

\*It is necessary to notice that the author wrote this regarding the Prussians in 1869.

girls must be confined to close quarters, hidden from the public gaze !

In following with the author the evolution of the projects concerning laws of which prostitution has been the object, we are led to believe that if legislators have refused the task of considering the subject, it is because they have foreseen that in no way can it be the object of a system of fixed decisions. Changeable *ad infinitum*, that which is to-day, has a strong connection with that which was four or five centuries since, but it is no longer the same, and the laws have undergone parallel modifications. We must, then, trust exclusively to tradition, and only act by way of practical experimentation; theoretical speculation can only lead to false paths at each step; so the chapter in which the author analyzes some of the projects for amelioration which are addressed every day to the government, by persons perfectly ignorant of the subject, is certainly one of the most curious. We could conceive that a detail, an accident, might become the object of a special claim, but far from that. It is inevitably upon the generality of facts that the critic is exercised. Consequently from this idea, self styled necessary, for the suppression of prostitution, some persons wish to see summoned before the courts all individuals caught in the act of having connection; we shall unite in the correctional prosecution *the man who gives way to the provocation*: the offender shall be punished by ten years' imprisonment, and concubinage by five years in the work-house; we shall take a description of every individual presenting himself at a house of tolerance, etc.

Mr. Lecour has minutely investigated all that which has been addressed to the government, writings and projects; there are some documents dating back to 1760; he does not find a single complaint against the collection of measures of which fallen women are the object at Paris. "We will not deny," says he, "that such a fact has a great signification." I do not certainly dream of contesting the value of these measures, but I have asked myself if the absence of criticisms should not be considered also that the innovators are, in general, more preoccupied with the necessity of launching their own ideas than of investigating the subject, that which their ancestors did.

The statement given *apropos* to taxation will be sufficient to give an idea of the difficulties that the government met in each one of its actions from the start. It has been, at all times, claimed



that it is right to levy a tax upon prostitution ; what is more natural, at least, than making it pay the expenses that it occasions? But what obstacles to the application of so legitimate an idea? The men who projected this idea, calculated that the receipts collected for the right of *registration*, each individual paying, upon pain of being punished for not so doing, and the houses of prostitution being taxed an annual premium, that this plan would give an annual sum of 1,675,000 francs, which, all expenses paid, would leave for the state a net benefit of 800,000 francs. The receipts were never raised as high, the girls finding means of escaping the law in a thousand different ways. At times it offered, for the space of some years, very serious results; it underwent a remarkable progression: from 1816 to 1818 it varied between 64,832 francs and 76,386 francs; in 1825 it was 82,995 francs. The government expenses varying between 70,000 and 80,000 francs, there was a surplus of 10,000 francs, which the government used for the purpose of giving homes to repentant girls.

At the commencement, a portion of the tax received was distributed to stimulate the police to extra watchfulness, which was necessary; this money was in the form of prizes. There were many prostitutes arrested for non-payment of taxes, for refusing to visit the medical inspection, for visiting clandestine houses of ill-fame. If these houses received minors, the prize was doubled. The abuses were pointed out. These police officials had no right to a prize save in case where the sum total of women inspected was not less than 75 to the 100. In case it was only 70, they incurred the loss of three days' salary. But from thence followed complaints of another order. Interested parties accused the police officials of trumping up charges, of exaggerating facts, etc. In order to shield the police against these charges of interested zeal, in place of directly giving the prize to these officials, the government turned the money over to a bank, where the police pension fund was thus increased. The upshot of all this was, that the government had to give way before the complaints of all sorts, made against its action by the virtuosos of public modesty, and the plan of taxation was abandoned in 1863.

I have said, that previously, in 1795, the action of the police regarding prostitution was exclusively repressive. They punished the offender, but paid no attention to venereal diseases resulting from prostitution, that being a secondary consideration. The commencement of a medical intervention for the prevention of

disease existed only in an elementary state; a single physician worked in an office *chosen by himself*, only examining those prostitutes who *submitted voluntarily to his visits*. And nothing can give an idea of the restrictions, hesitations, and evasions through which the subject passes before arriving at its present condition. It is in fact the obligation to respect human liberty which impedes, so to speak, the *elan* of the government at every step. Thus, from the point of seeing danger from syphilis, the distance which separates the registered prostitute from the *femme galante* is not assuredly very great; however, it was attempted, and only with that result which any one acquainted with Parisian life might have expected, in the account of how the police whose duty and function it was succeeded in bringing these last-named (*femmes galantes*) to a submission to the sanitary formalities, which were so unmercifully imposed upon the first-named class (*i. e., prostitutes*). Now, when administrative intervention was morally armed with more power? When did the verification of statistics ever give more striking results? Among the unsubmissive, *femmes galantes* and others, we find, in 1869, one diseased out of every two, among registered girls one in every fifty-nine! It is curious to observe for the remainder that the number of unfortunate girls diseased has diminished in ratio as sanitary measures were more seriously enforced; in 1791 we find one diseased in every nine prostitutes, in 1820 we count no more than one in forty-five.

After this which is officially known in regard to syphilitics, civil as well as military, and in making an approximative calculation of those who are in this city, we can easily believe that the number of persons thus diseased in Paris is over 47,500. A formidable number, says our author. That even these figures may be less than the truth is evident. How astonishing besides is this great number of diseased persons notwithstanding the precautions with which the authorities surround them? This visiting of *public women* by dispensary physicians once or twice a month, which represents in the main all the efforts that we have a right to expect on the part of the government, only answers very imperfectly to a measure of absolute security. Does it not happen that a woman becomes diseased the very day she has been inspected, and that from that time to the next medical inspection she gives the disease to a large number of individuals?

But we can not imagine that there are secondary considerations with which the government is preoccupied, against which it has

to be on its guard. Thus we did not know that it received letters daily, anonymous or otherwise, which named women as prostituting themselves, who were suffering from contagious diseases. These were often odious calumnies or pieces of spite work. Now then, to sum up. The fact might be true, but where were the proofs, either of the offense of prostitution, or of the existence of the disease? How acquire a certainty, especially regarding the latter point, without attacking that which is, regarding human liberty, the most inviolable? Or better still, the government has to shield itself from the almost imperative injunctions of those benefactors of humanity who claim its authority to make trials of preventive medical formulas in houses of ill-fame, insisting on the certain success of the medicaments they propose using. In 1841 they distributed a large number of circulars among houses of ill-fame in reference to a so-called *neutralizer*. "All diseased women," said the self-styled benefactor, "who wish to be exempt from hospital duty have only to come and find me three days before the medical inspection. The price is only ten francs."

How many women are there in Paris who follow prostitution for a living? The question applies to those who follow prostitution as an avowed profession, officially acknowledged so to speak. We should know the number by counting the girls registered; if we ask to the contrary, how many girls there are living as prostitutes over and above those who are registered, that innumerable class where we find women of doubtful character and kept women especially, we see that to 3,656 registered girls, there are more than 60,000 unregistered ones.

It seems that nothing could give a better idea of the unreliability and irregularity of facts relative to prostitution, than the tables relating to the changes made in registering, especially where the girls' names were struck off the list (*radiations d'inscription*). Thus, the total number of *radiations* varies enormously from one year to another, without transition. In 1855, 880 *radiations*; in 1856, 1,179; in 1860, 905; 1861, 623. The number of girls dying in 1856 was 118; in 1855 it was 67. Those who obtained their *radiation* (i. e., their names being erased from the books) by showing it to be their only means of support, numbered in 1855, 120; in 1861 there was but one; 12 became mistresses of houses in 1856, only one in 1860. Two facts, however, merit a special attention: 1. The number of *radiations* in 1858 was 1,004; since then it has fallen to about 623, but it has never been raised



above 905. 2. In a period of fifteen years we can count 323 women who renounced prostitution, and that in a proportion per annum the average never varies less than from 19 to 23. We can easily understand that nothing is more delicate to do than to inquire into this subject of demands for *radiations*; any awkwardness might bring about the divulging of some secret, the consequences of which might be irremediably disastrous, thus preventing the unfortunate prostitute from returning to the honest habits of labor. There is for the police a mission administrative, and at the same time moral, in handling this intricate subject.

The origin of houses of prostitution dates from 1420, their actual regulation, which is mostly derived from the middle ages, although bearing upon a point so infamous apparently, answered to a series of complications such as this description of most complex legislation presents.\* To endure prostitution, since it is inevitable, and, on the other hand, to reduce it to those proportions least incompatible with order and the public morals, is the one problem whose final solution appears so much more indiscernible than these conditions, extremely unsettled by themselves, varying in some manner every day. We can only reach it by the way of a traditional experimentation, dating very far back and followed up step by step. Thus, we would be led to believe, at the first glance, that in a population whose growth is relatively regular, as it was in Paris before the war, the development of prostitution is relatively progressive; very well, from 1855 to 1859 on the one hand, and from 1864 to 1865 on the other hand, we find a difference of 791 at least from the number registered in the latter years. Will we not, in the presence of these facts, be tempted to ask if there is not, regarding prostitution, as regarding certain epidemic diseases, certain conditions more or less favorable to its development? Finally, a very remarkable thing which will give a last idea of the difficulty of managing such a class of persons, the number of arrests for the violations of regulations is often greater than that of girls registered. Thus, in 1839 the number of isolated prostitutes, or girls in fancy houses, was 4,147; the number of arrests was 5,182; the number punished was 4,061. Without doubt the unregistered girls brought on here a strong contingent, but that which especially explains the predominance of the number punished over that of the registered prostitutes, is that many of them figured in a great number of offenses. Certain ones were

punished a hundred times in a single year, many were regularly punished once a month.

The statements in this book regarding unregistered prostitutes would almost serve for prolegomena for a lecture on mental pathology.

The author, while keeping up his *role* of an officer of police, has not been able to refrain from an irresistible temptation to study such a mental disease as has fallen under his eyes. Here in effect we find in the species two very different varieties: One variety enter with the greatest assurance the calling of prostitutes, considering it a regular business, natural, chosen in preference to anything else from rational motives; a business in which they exercise all the gentleness they might have used for the accomplishment of more honorable duties; others only finally come to it after numerous and nameless vicissitudes, among which may be enumerated, horrible to say, want of a home, a place of refuge so much the more precious since prostitution is contrary to their dispositions, even with the discipline it guarantees at the best; they willingly say at the time they come to register themselves: "Now, at least, I shall be quiet." Many on entering attribute the cause of their misfortune to their first indiscretion; but, to consider these loose natures, insensible, wicked, deprived of all moral feeling from the causes surrounding them and the evil they themselves cause, how easy is it to recognize the fact that this first fault was, however, only that last drop which always falls into every cup ready for the debauched. I shall never forget the impression made on me at the office of the chief of police, when I saw a most beautiful young girl, holding one of the highest social positions in Russia, a maiden as elegant and charming as the finest Parisian woman, who came here from Odessa, after having ventured on the most incredible carousals, picking up customers from the pavements of the boulevards, giving herself up to the most monstrously abject prostitution, while her father interrogated all the telegraphs of Europe with inquiries on her account. In this case, the moral debasement was probably the consequence of some pathological condition; they can no more be reclaimed than animals, and are no more accessible to the counsel of reason than brutes. For the remainder this irremediable disposition of mind is not the exclusive property of the sex; those young men whom we daily see, who only seem to live for the purpose of satisfying their lusts, never restraining themselves, never limiting them-

selves, who ruin themselves, who ruin others, who are perfectly good for nothing, can they not be called masculine prostitutes?

So in these two distinct classes of prostitutes, what a difference in their notions! Here, for example, are some fragments of various remarks made by women, who came for the deliberate purpose of registering themselves: "I have been married nearly a year," said one of them; "I resort to clandestine prostitution in order to meet my household wants." Another: "My husband is a laborer; before we were married we agreed to amass a certain sum of money. It is with his knowledge I submit to prostitution. It is necessary for us to have the money." "I let any fellow who pays me," says another, "My sister does the same thing. My father was unable to prevent it; in despair he killed himself." Here, in a word, it arises from a determination coolly taken, and is the result of a more or less decided taste for the thing and of a calculation of what it will bring, pecuniarily speaking. There are heart-rendering cases where prostitution arises from hysterical affections, mingled with a condition bordering on insanity. A woman was arrested a number of times for prostitution, cohabiting under the eyes of her little girl, a child of only nine years; some days after the little one had died, the woman was again arrested as a prostitute. She denied all the evidence. "It is not true," said she; "I do not do it any more; I do not want to be registered; everything looks dark to me; I want to make wreaths for tombstones." Or yet another unfortunate: "My father is in prison on my account. . . . My mother lives with a man who raised me. She has had a child by him, for which my brother and I pay a wet nurse."

Strange world where horror is a neighbor of burlesque; where a man recognizes his legitimate wife in the prostitute whom he has followed; where another, in a house of ill-fame, awake in the morning in the arms of his sister; where the elegant prostitute covered with velvet and silks is treated as an equal with that unscrupulous being who prowls about the forts and barracks; where the child of Paris or of London is rival for venal love with the negress from Guinea bearing on her forehead the brand of slavery; where some rob every individual they pick up, while others send back to their owners the watches and jewels they have forgotten and left behind them; where those of all, finally, whose contact is the most dangerous, are those whose habits are most luxurious.



Pandering, blackmailing, houses of ill-fame, the hospital, the general condition of prostitution, the morals of prostitutes registered or unregistered, the character of lodgers, procuresses, etc., etc., have given the author occasion for studies of whose strength I can only give a slight idea in this rough outline sketch, on account of the incomplete examination I have made of the subject.

It is only when we have the figures under our eyes that we are able to conceive the influences that are brought to bear on prostitution and its development from varied and different causes : Mother-in-laws, kept women of widowers, kept men of widows, free love, the street, the studio, the ball flirtation, the invasion by men of women's avocations, living out as servants, obscene publications and pictures, etc., etc. Unforeseen causes finally present themselves in all manner of shapes. It was a mother who said, "If my daughter behaves herself well, she shall be supported, unless I conclude to put her out on the town." Another woman said, "We can not drink wine, it is too dear, but my little girl takes four sous worth of brandy every morning, because, if she is going to be a fancy woman, it is necessary to get her up a good stomach." . . . The little one in question was only thirteen years of age.

The author studied, finally, the subject of prostitution in England, from whence we learn, that while in France the administration has acted with so much rigor that it seems to have exhausted the possibility of governmental intervention, the English government, with its religious formality, and its lofty negation of the part played by public debauchery, allowed prostitution to develop itself in perfect liberty, until within a few years past, when overcome by necessity, it took sanitary measures which were only in reality forms for its suppression. It is true that figures might show the annual average of the losses in an army on land, or the complete abatement of the equipage of a man-of-war. We think of moralizing over prostitutes : "We send out in the evening to prostituted girls, who are walking the streets and alleys, letters in which they are invited to meet at some place of shelter, a restaurant for example, and there drink tea, in company with *sincere friends* who preach to them." A thing worthy of remark, adds the author, the French prostitutes, who are numerous in London, absolutely rebel at this sort of action.

The number of unfortunates in London has been estimated at 50,000, 65,000, and even 80,000. "It truly swarms with prostitutes who are often very young children. We found them everywhere, in luxurious and aristocratic places, in lanes and by-ways, in miserable barracks, concert halls, coffee houses, *hells* or *casinos*, and in *brothels* or *maisons de nuit*. They are, in general, given to drink; so the disorder caused by gin and whisky has added to it the scandal of debauchery. Many of these unfortunates commit suicide. Regarding numbers, we find no less than 9,685 girls, or women, living in open prostitution. This seems to correspond with the number of girls registered in Paris. The remainder would be the unregistered. Dr. Vintras, after an approximated estimation of the cases treated in the hospitals, dispensaries, and asylums, or cared for by charlatans, comes to the conclusion that the number of syphilitics in London must be very nearly 219,350. The propagation of venereal diseases in London is such, that certain houses of prostitution seek to attract their customers by adopting a system of medical visits and sanitary measures similar to those which French houses of ill-fame submit to.

The war of 1870 necessarily brought about a great disturbance in the *service de la prostitution*. In the early part of the trouble they were occupied in expelling from Paris all the prostitutes possible; the registered girls were sent to the central hospital of Rennes; the unregistered ones to the hospital at Rouen. This was doing a great deal, but it was not sufficient to satisfy general opinion, which had dreamt of radical measures, altogether impracticable. So criticisms and advice, signed and unsigned, came in from all quarters. One complained that he was astonished that Paris had not yet been purged of the girls who infected it; another asked why the 3,000 had not been made to leave, he wished them to be sent from the capital, and their homes given to refugee peasants; another wished us to include the pimps along with the girls, in this general expulsion.

"It is necessary for them to leave; by the 5th October, the last of these miserable creatures must leave the capital and never return to it; *hand over to a court-martial all those prostitutes who shall attempt to return to Paris.*" Now, it will be noticed that Paris had been invested since the 17th of September. The 19th of January, when Paris, bombarded and famished, made a last effort to raise the siege, there was one man so forgetful of the heart-rending condition of affairs as to address a letter to the police, in

which he quietly said, that it was time to seriously regulate prostitution, and arrest its progress, by an active and incessant *surveillance*. At that time, also, the military authorities, on their part, were frightened, and with good reason, by the sanitary danger which threatened the army, and Dr. Nelaton addressed to the governor of Paris a letter, in which he demanded that repressive measures should be taken to arrest at the barricades all those girls of loose morals from the suburbs and provinces, who were attempting to invade Paris, when for five months back, let it be remembered, it had been impossible for anything to pass between Paris and the suburbs, unless we except bombshells.

It was around the camps of the *Garde Mobile* especially, and the quarters of the infantry and national guards, that prostitutes abounded; houses of ill-fame were invaded; at certain points, a number of orders were issued for entering these houses; several among them were only taken after an assault. One was demolished by sailors, who believed that they were particularly excluded from access thereto.

One will understand, without needing any great explanation, how, under such circumstances, the sanitary *service* must have been upset. Here still, the statistics are a proof. It is sufficient to compare the number of medical visits of effectually isolated girls to the dispensary during the three months which preceded the revolution of September with that of the following three months. In July the number was 4,024; in October it was 1,863. The total number of medical visits by dispensary physicians in 1869 was 106,579; it was as low as 93,164 in 1870. But under these terrible circumstances where authority was disregarded on all sides, it is curious to see a letter addressed to the chief of police, signed by a great number of prostitutes, landladies of houses of ill-fame, which declares that under the republic they can not be enthralled by the same obligations as under the monarchy, and that in consequence of this they refuse in the future to allow medical visits. "We shall dispense with going there, attending to ourselves; we shall not as in the past depend on the administration, considering that we have been abused in this respect heretofore, and *have cast dishonor on our entire social circle*." The Prussians at St. Denis did not take the hint; they opened a dispensary under the charge of a hospital steward; a placard posted up informed all prostitutes that should they neglect their medical visits, or be indecorous in their manners, they should be punished as in



Berlin, with a lashing on their posteriors. The burning of the *Prefecture* almost totally destroyed the documents relative to the sanitary service under the Commune; however, from papers collected in the hospitals and work-houses, it is almost possible for us to see how things were carried on at that time. Naturally the officers of the government at that time wished to make their morality and administrative capacity conspicuous, and for this reason proclaimed the suppression of all houses of ill-fame and the arrest of prostitutes, that which would be, even if they had succeeded, the very best means of giving an extension, without limit, to clandestine prostitution.

We have a proclamation from Delescluze, saying that all public women who shall promenade the streets at night shall immediately be arrested. It was only a failure because not enforced. The national guards charged with the execution of this measure, took particular pains on all occasions to enter houses of ill-fame only to kick up a disturbance when they were once inside. There was an order signed Billivray, proclaiming that the circulation of prostitutes on the public streets was absolutely prohibited in any part of the Tenth district, and that all women violating this rule should be at once arrested.

A committee, no one knows who, wished, at all hazards, to preserve the liberty of the frail but fair creatures, and decided that the department known as the moral sanitary bureau should be suppressed. But the Commune very soon recognized the necessity of again reorganizing it; and recruited from the most incredible elements various individuals as a board to control prostitution, appointing them without any previous examinations on a simple demand for an office; there was no longer any sanitary authority over unregistered women. If they only came to the office it was counted as a medical visit. Regarding *radiations*, permission was granted to all who asked for it on their first visit.

Nothing is stranger than some of the samples of administrative usages, which were found in the offices. Prostitution taking a new extension every day, in a report addressed to citizen Dacosta, *chef de cabinet*, it is proposed to him that he expel all prostitutes. The chief of the moral sanitary bureau proposed to be more reserved in regard to the matter; he gave an order that women of doubtful reputation should be watched every evening; "watch these filthy women who walk the streets," and adds, "act intelli-

gently, in such a way as not to excite any suspicion on their part, and *be able to recognize them next day.*"

It was doubtless from respect for the liberty of woman "that a *chef de bureau*" sent from his office, and punished for an unknown length of time in the St. Lazare prison, at that time given up to orgies, all the *young girls* arrested with or without reason by the national guards. With the exception of about twenty cases where the orders for release or imprisonment bore the signatures Lullier, Raouls, Rigault, Dacosta, Lerrault, and Hesse, there are no explanations regarding the different measures taken; and in the meanwhile, from the 19th to the 28th of May, the number of arrests was as high as 270, and the number released was 325. At St. Lazare, the director and his clerks kept open house for their relations and friends; the garden furnished them with beautiful flowers from which elegant bouquets were made and sent to certain of the prisoners. A great many of these fast girls were summoned into the director's parlor, transformed for the time being into a gorgeous reception room, from whence they danced to the sound of sweet music out into the chapel of the sisters of charity. At other times, the national guards went to houses of ill-fame, and forced the landladies to bring them drinks, and give themselves up to orgies, always forgetting to pay for their fun, however. They would set around the dispensary at some obscene examination; at other times they would fumble around the private papers; to the end of procuring at some future time something to blackmail persons with, they appropriated to themselves, under a thousand different pretenses, the mass of correspondence heretofore so scrupulously kept from the public. We have a note, bearing on its margin the signature of Ferre, worded in this way: "I wish you to send me the following papers" (here follow the names of a certain number of popular actresses). It is useless to say that the chief of the medical staff of the dispensary could not accept the responsibility of acting in concert with such a class of individuals; he had resigned, but was almost immediately reinstated. The Commune collected we know not what physicians, or individuals pretending to belong to that class, who formed a kind of hospital staff, which only lasted a few days. After that we see a scene of wild disorder, individuals without a diploma, without any medical title, presented themselves at the houses of ill-fame in order to examine the prostitutes. They used to go to the dispensary like they would to a show; they swarmed in, all asking for a speculum.

But there is no good in saying more, any one can almost foresee, from the downfall of honesty and reason, all that must have occurred at that ill-omened time. In the book the reader may see the full and further details, the task of the reviewer ceases here.

## Hospital Reports.

## CINCINNATI HOSPITAL—ACUTE PNEUMONIA—SERVICE OF WM. P. THORNTON, M. D.

Reported by F. KRAMER, Resident Physician.

October 11, 1872. Mary W——, æt. 30; colored, widow, domestic. Was admitted to the hospital to-day, stating that she had been sick with chills and fever for the past two months; had a chill every day about 9 o'clock A. M.; of late the chill came on toward evening.

Had a physician attending her, but he did not succeed in breaking the chill. Previous to this attack she had always been a healthy woman. Three weeks ago she took a cold, which was followed by cough and expectoration, sputum being tough and yellowish; has a pain in her right side, situated a little below and posterior to nipple, sharp in character.

Has of late been in very bad hygienic circumstances, exposed much to wet; had to work hard for her living. Is in her last month of gestation.

P. C. Woman of ordinary size and development, poorly nourished; expression weary; complexion sallow; mucous membranes pale; tongue covered with a white fur and dry; no appetite; bowels regular; pulse 120, tolerably full; skin hot and dry. Abdomen enlarged, somewhat irregular in outline; extremities œdematous.

Believing it to be only a simple case of intermittent fever coming into the house during the hot stage, no careful examination of the patient was made, no medicine prescribed, only ordinary good diet, and leaving the patient for the attending physician to see next morning.

About 11 o'clock P. M. was called to see the patient, she, at this time, having been propped up in bed, suffering from dyspnœa, breathing hurriedly, with almost tracheal rales. Pulse from 140 to 150, and feeble. The temperature having been taken since my visit in the evening indicated 104° F. Immediately a thorough examination of the chest was made; dullness was detected over lower lobe of right side, which extended up to the nipple. On



auscultation tubular breathing and some mucous rales were heard over same portion of lung. Roughened inspiration and mucous rales over entire chest. I now placed patient on the following treatment:

R. Sulph. quinia, grs. ij.  
Pulv. ipecac. comp., grs. iij.  
Sig. Every 3 hours.

Also, R. Ammon. carb., grs. v.

Spts. frumenti,  $\bar{3}$ ss.

M. Sig. Every hour.

To the affected side a hot turpentine stupe was applied.

I then left the ward, with instructions to the nurse that if the patient should become worse, to notify me immediately, so that Cæsarean section might be performed, if proper, to rescue the life of the child after the death of the mother.

October 12. Morning visit, patient a great deal better, resting comfortably. Pulse 114, tolerable full; temperature,  $98\frac{1}{2}^{\circ}$  F.; coughs some; expectoration small in amount, which has none of the characteristics of pneumonic sputum.

Discontinued the treatment, and gave quinia sulphas, grs. v, every four hours; also whisky, half an ounce every two hours.

On evening visit, patient comfortable, not complaining of any pain; took some beef essence, and seemed to relish it. Pulse about the same; temperature,  $99\frac{1}{2}^{\circ}$  F.

October 13. No change; temperature,  $99\frac{1}{2}^{\circ}$  F.; treatment continued.

About 4 o'clock P. M. was called to see the case. On arrival patient was suffering with labor pains. She was then turned over to the obstetrical department, and delivered in about a half hour of a still-born female child. She had an easy labor, with a breech presentation. The child was decomposed, the cuticle over a large portion of trunk was removed.

Patient having been more or less prostrated by the labor, was now ordered half an ounce of whisky every hour. Quinia was discontinued.

The whisky was given for two succeeding hours, and then every two hours, with ammon. carb., grs. v.

At  $7\frac{1}{2}$  o'clock, patient seemed to be doing well, talked some.

At  $10\frac{1}{2}$  o'clock, she began to sink rapidly. Died next morning at 3 o'clock.

October 15. *Necroscopy* made by N. P. Dandridge, M. D., thirty-

six and a half hours after death. No post-mortem rigidity. Both legs œdematous; abdominal walls exceedingly flabby; lower lobe of liver  $2\frac{1}{2}$  inches below ensiform cartilage; lungs overlap half inch in the median line, opposite third intercostal space.

*Lungs.*—Pleuritic adhesion over upper and posterior portions of both lungs. Also adhesions between base of right lung and diaphragm.

Upper lobe of right lung crepitant throughout; lower and middle lobe entirely non-crepitant.

On section, upper lobe normal; lower lobe is of a dirty grayish color, surface slightly granular; a piece taken from this lobe sank in water. Middle lobe presents much the same appearance as the lower, but is much softer and more readily broken down.

Left lung normal.

*Heart.*—Right ventricle is covered by a thick layer of fat. On opening the cavity a large clot was found, partly white and partly red, on which were seen the markings of the pulmonary valve. Valves and walls normal. Left heart contained a red clot, otherwise normal.

Abdominal cavity contained a few ounces of brownish fluid. Peritoneum was slightly injected in several places.

*Kidneys.*—Both were slightly congested, otherwise normal.

*Spleen.*—6 by 4 inches, weight  $17\frac{1}{2}$  ounces. Surface of a dark slate color. Section very dark chocolate color; substances much softer than normal.

*Liver.*—Upper surface adherent to the diaphragm by moderately firm adhesions. Substance of liver was softer than normal. Surface of section slightly darker than normal.

*Uterus.*—From fundus to os internum, 7 inches; across base, 4 inches; thickness antero posteriorly,  $2\frac{1}{4}$  inches.

Uterus, broad ligament, and one-half of vagina weighed 27 ounces. Os very large, soft, and patulous, and can be greatly distended.

Uterus was found to contain a quantity of soft coagulated blood.

Uterine wall at thickest part was  $1\frac{1}{4}$  inches thick.

*Commentary.*—In this case we see how easily a physician may be mistaken in his diagnosis of a case, if he alone takes into consideration the rational symptoms of a disease. Everything seemed to indicate only the disease known as intermittent fever, the history of the case, the sallow complexion, the temperature,

and the pain in her right side, which might have been looked upon as being due to a congested state of the liver.

The case is still further important, in that the precise time of the attack of the pneumonia is not known, and that she had a chill every evening of late, showing that we may have two diseases existing in the system at the same time, one being modified by the other.

It will be noticed that the thermometer, taking into consideration the few observations made, did not indicate an attack of frank pneumonia.

The peculiar rise and fall of temperature is the rule generally laid down in text-books of the disease pneumonia, when complicated with intermittent fever.

Another peculiarity of the case is the origin of the disease; it may depend on different causes.

According to Da Costa, page 292, in his book on medical diagnosis, he states:

“The nature of an inflammation of the lung, bearing so decidedly the livery of malaria, has given rise to warm controversies. Regarded by some as nothing more than a special form of remittent or intermittent fever, in which the lungs are made to bear the burden of the disease, it is by others held to be simply a variety of pneumonia, occasioned by the ordinary causes of this affection, but owing its peculiar symptoms to its happening in those in whose systems the poison of malaria has been slumbering.”

---

## FOREIGN BODIES IN THE EYE—SERVICE OF DR. AUB.

Reported by F. KRAMER, Resident Physician.

August 29. Daniel C. was admitted to the hospital, stating that he had suffered more or less during the last six months with his left eye, and that it caused him some difficulty previous to this time, if he would take a cold. His right eye never troubled him. Of late he has not been a very healthy man; had worked hard during the summer.

Had been a moderate drinker. Has no place to stay, therefore was required to do the best he could for board and lodging the last few days.



P. C. Man of good size and fair development, poorly dressed. Has a very bad odor about him, which alone would show the bad hygienic surroundings he must have had. Body tremulous; appearance fair; tongue loaded with a thick white fur, and fissured; bowels costive; pulse and temperature normal. Heart and lungs apparently normal.

On examination, find left eyelid much swollen and œdematous, margin reddened, especially of upper lid; conjunctiva of lids and eyeball uniformly injected. Cornea clear at its outer half; inner half covered to some extent with a fleshy mass, the base of which was situated in the semi-lunar fold, and extending over cornea to almost center of pupil. Iris normal; tension of eyeball normal; vision impaired. Eye is constantly filled with tears; a slight amount of pus is also visible. At the upper portion of inner canthus of eye are seen two large white masses, which seemed, on superficial examination, to be pus, but on everting the upper lid, the mass proved to be alive, moving to and fro in the cul-de-sac of conjunctiva.

The foreign bodies were immediately removed with a pair of forceps, and they proved to be two living maggots, each about six lines in length, and about two lines thick.

The eye was carefully washed, and a solution of argent. nit., gr. xx, to aqua dist. ℥j, was ordered, with which his eyelids should be brushed once a day; he was also to use a solution of atropia sulphas twice a day.

September 2. Eye doing well; conjunctiva less vascular; lids less œdematous. Vision of left eye, 10-50; of right eye, 10-15.

September 9. Patient was discharged from hospital to day, eye being well, excepting the pterigium, for which he did not wish to undergo the risk of an operation.

## Medical Societies.

## CINCINNATI ACADEMY OF MEDICINE.

JAS. GRAHAM, M. D., PRES'T.

J. W. HADLOCK, M. D., SEC'Y.

NEPHROTOMY—STONE IN THE KIDNEY—DIAGNOSIS IN LIFE—PYELITIS—  
REPEATED ASPIRATION—SECTION—EXTRACTION OF THE STONE.

October 26. *Dr. Dawson* presented a renal calculus removed from the kidney of Mrs. Mork, a patient of Drs. Graham and Bartholow. He saw the patient for the first time on Saturday, October 19th, and found a large tumor in the left lumbar region, extending from the ribs to the crest of the ilium, and crowding over also toward, but not reaching, the median line. The case was considered one of pyelitis, and the existence of a renal calculus had been diagnosticated by the physicians in attendance. Five days prior to the operation one pint of pus was removed from the tumor by the use of the aspirator. The canula was then allowed to remain, and the tumor exhausted at two different times prior to the operation for the removal of the calculus. The canula was then withdrawn.

On Thursday, October 24th, the patient being under chloroform, an incision was made over the tumor in a line from the eleventh rib to the crest of the ilium, along the border of the erectores spinæ; after dissecting through two inches and three-quarters of tissue the tumor was exposed, when it was punctured with a trocar and a quantity of pus removed. The opening was then enlarged by the knife and thus more purulent material was liberated. The finger was then introduced into the tumor, which was nothing less than a sac of the degenerated kidney. After scooping out all purulent accumulation, the finger came in contact with the calculus, which was successfully extracted. A drainage tube was thereupon inserted and the wound was closed. At the time of report the patient is in a very fair way to recovery. The speaker would refer to Drs. Bartholow and Graham, the physicians in attendance, for the history of this most extremely interesting case,

and to Dr. Whittaker for a statement as to the nature of the stone.

*Dr. Bartholow* had this patient in charge for two years and three months. She is about fifty years of age and has given birth to ten children. Eight years ago she was suddenly attacked by a violent hæmaturia. From this she recovered and retained good health until five years ago, when she was again seized with an attack of the same nature. From that period she was subject to these attacks at varying intervals, but yet enjoyed comparatively good health. Two or three years ago she began to experience a sense of pain in the left lumbar region, and soon a tumor, which rapidly increased in its dimensions, appeared in the left hypochondrium. The tumor was very sensitive to the touch, and pressure produced pain. The patient passed really immense quantities of pus with her urine, and her general condition soon commenced to deteriorate under the profuse and exhaustive drain.

The diagnosis of pyelitis was now determined upon, and the tumor was considered as an abscess of the renal parenchyma and pelvis. The opinion that this accumulation was due to the presence of a renal calculus was also positively maintained and expressed, and the diagnosis thus of pyelitic abscess and the presence of a calculus was confirmed and indorsed by the president, Dr. Graham, after a careful and thorough examination. The results justified the conclusions which had been arrived at. One year ago the patient applied to the speaker for relief for a pain felt in the course of the anterior crural nerve. At that time the tumor was so much enlarged as to compress the sacral plexus, and thus give rise to an apparent shortening of the corresponding limb. A recent examination of the urine developed the presence of only a slight quantity of pus, and upon this fact also was the diagnosis of a renal calculus based. The operation having been determined upon by the speaker and Dr. Graham, it was performed as already described by Dr. Dawson.

The speaker then entered upon the symptoms indicating the existence of a renal calculus. Have we any means at hand by which we can diagnosticate its presence? One symptom which is almost diagnostic of this condition in certain forms of stone, is the presence of microscopic calculi in the urine, and Beale has shown that uric acid calculi could be thus detected. Every one who has made any number of post-mortem examinations has detected these calculi in the pelvis of the kidney. From the existence of these



minute crystals in the urine and from the presence of renal epithelium, I diagnosticated some years ago, in another case, the presence of renal calculus, and the diagnosis was confirmed several days later by its passage per urethram. Pain in the region of the kidney, the periodic hemorrhage from that organ, and the presence of renal epithelium and microscopic calculi in the urine are evidences strong in favor of the existence of a calculus in the kidney.

*Dr. Whittaker* remarked upon the extreme interest of this case, if only on account of its great rarity. Something more than a year ago, the speaker had occasion, in a discussion before the Academy on compensatory hypertrophy of the kidney, to look up the literature of this subject, and was surprised to discover but one single case on record in which a renal calculus had been extracted under these circumstances. He had been at special pains, therefore, to make a thorough examination of this specimen so far as possible from the small fragment he was permitted to detach. This stone is extremely light; it weighs but twenty and three-fourth grains. It is seven-eighths of an inch in length in its longest diameter, and one-half an inch in breadth. It is somewhat reniform in shape, presenting an irregular central constriction. Its surface is everywhere calcareous and quite rough, presenting elevations and depressions corresponding to the calices and pyramidal apices. It varies in color, on its external surface, from black, through shades of purple, red, and deep and light gray, to nearly white. The substance of the stone is of chalky whiteness. It is clearly a phosphatic stone, an accumulation of the ammonio-magnesian phosphates of lime, covered with urohæmatin and mucus. This nature of its constitution is evident upon both chemical and microscopic tests. There is a small cavity in its interior, eccentric in position. This cavity in all probability represents the former nucleus about which the phosphatic salts were deposited, possibly a fragment of mucus or blood which had subsequently disappeared by desiccation or absorption.

In this connection the speaker took occasion to remark that all these renal calculi owe their direct origin, no matter what theory be adopted as to the deposition of the phosphates, to some local cause. It would make no difference how great had been the supersaturation of the blood with phosphates, or how marked the alkalinity of the blood itself, whereby the phosphates would be deposited, in either case no stone would be formed in the kidney

without some local cause. This cause might be extravasated blood, a fragment of mucus or pus, a tube cast, etc., yet in all instances there must be a distinct center about which crystalize or are accumulated the deposited salts. Proof of this is the fact of wide recognition that the rule is for but one kidney to present a stone. Sometimes great numbers are found, sometimes but one of comparatively immense size, but in either case, in the rule, they exist in but one kidney. Exceptions, however, are recorded.

The shape of this stone offered a plausible explanation, in the speaker's opinion, of a very curious fact mentioned in connection with the renal discharges, viz: their intermittency. It was probable that the stone was situated over the ureter so as to more or less completely occlude its orifice. Fluids, at first urine, afterward blood and pus, would then accumulate in the enlarged pelvis so as to distend it to its utmost, when the calculus would be dislodged, and thus give vent to the contents of the sac. Exit being given in this way, the stone would resume its former position. This opinion was not offered as original. The speaker had seen it somewhere in one of the recent works on urinary pathology. It was always a point of greatest practical importance in these cases of so-called phosphatic diathesis to ascertain exactly the etiology of their production, as a deposition of phosphates in the urine dependent upon an accumulation of phosphates in the blood required very different treatment from that dependent upon a mere hyperalkalinity of the blood. In either case the diathesis could be completely corrected, in most instances, in time, and a recurrence of such a condition, as in the case reported, prevented.

*Dr. Kearney* was of the opinion that these cases were not so rare as suggested. He could not at the time recall any exact data, but he was of the impression that the operation had been successfully performed in several instances. He thought the term nephrotomy, too, a misnomer, and its use in this case somewhat unfortunate, as there was no section of the kidney here, but merely an abscess.

*Dr. Dawson* stated that Mr. Thomas Smith, of St. Bartholomew's Hospital, recommended this operation, but had no case upon which to operate. Nephrotomy, though recommended with certain reservations by Hippocrates, had only been performed once up to the beginning of this century. A case is reported by Marchetti, an Italian surgeon, who operated in the seventeenth century upon a Mr. Hobson, British consul at Venice, for the relief of renal cal-

culi. Two or three stones are said to have been removed. This case is not credited by Velpeau, who considers it merely traditional. Marchetti himself does not mention this case in his subsequent report of rare cases. Velpeau limited the operation to three conditions. If a pyelitic abscess pointed directly backward and was making its way to the surface, here he recommended an operation. He also considered an operation practicable in cases where there was a renal fistula opening in the side, through which fistula, by means of a probe, a calculus could be detected. In the third and last instance, he considered an operation proper in cases where the calculus was so large as to be felt externally. Now the case in question belonged to neither of these varieties, because two inches and three-quarters of tissue were cut through before the tumor was exposed. In other words, the operation was not merely the opening of a pyelitic abscess. In two instances had this operation been performed for the removal of a calculus—first by Mr. Durham, of England, and after him by Dr. Gunn, of Chicago.

In neither instance was a calculus found.

Several cases have been reported where stones have been extracted from fistulous orifices or abscesses with surface indications, but all these cases differ materially from the case under present discussion.

*Dr. Ludlow* stated that he had suffered for one year from the presence of a renal calculus. He experienced the pain over the sacral plexus as described by Dr. Bartholow, and considered this pain due to the movements of the calculus in the pelvis of the kidney. His diagnosis was confirmed by the subsequent passage of a uric calculus per urethram.

November 2. *Dr. Whittaker* observed that after patient attention to the narration of all the cases collected by the previous speaker, he could not comprehend the analogy existing between any one reported and that now under discussion. The speaker had himself collected notes of twenty-seven such cases as those just cited. *Dr. Dawson's* case was not the mere opening of a pyelitic abscess, but the section through two inches and three-quarters of tissue before the sac was reached. What were the circumstances in the cases just reported? They were either cases of superficial abscesses or cases in which the stone could be felt by a probe or externally. The stones in these cases were secondary considerations, mostly only accidental discoveries. The peculiarity and rarity of this case rests in the fact that the presence of



a renal calculus was diagnosticated two years prior to the operation, and the surgeon was only called in to cut for the stone. The cases of peri-nephritic abscess cited had not even the slightest analogy to this case. We had here enormous quantities of blood and pus discharged with the urine. As to the term nephrotomy, the speaker quoted from Lizars and several other authorities in proof of its proper application to an operation of this kind, While upon the floor, the speaker would merely mention two cases he had encountered in the literature of renal calculi as curiosities of clinical experience. One was a case described by Dworski, in which the stone filled the cavity of the renal pelvis and extended like coral prolongations into all the renal calices. It measured six inches in length. (*Schmidt's Jahrb.*, vol. xiv, p. 193.) The other was a case in which a large stone was fractured in the kidney by a fall.

*Dr. Muscroft* referred briefly to an article on this subject in *Copland's Dictionary*, the author proceeding to treat of the cases in which the operation is recommendable, remarking, however, that in cases in which both kidneys are similarly affected, the operation should not be performed.

*Dr. Thornton* desired to be informed upon what symptoms a positive diagnosis of the presence of a calculus could be founded.

*Dr. Bartholow*, in answer to *Dr. Richardson*, remarked that an autopsy had been most strenuously demanded, but, owing to the prejudice of our Jewish friends to post-mortem examinations, was as strenuously refused. The incision made by the operator must necessarily have been from two to three inches in depth, since it required the length of the finger to penetrate the abscess and feel the sacculated condition of the kidney. As to the existence of a peri-nephritic abscess, the discharges with the urine, leaving all the other considerations out of the question, negative the idea alone. Again, it has been asked, how the diagnosis was established. From the premises in the case, the presence of a renal calculus was simply a logical conclusion. Given in a case, pain in the renal region, periodical hemorrhage, pus and microscopic calculi in the urine, with recently a cessation of the last-named symptoms, what could have produced this series of phenomena except a renal calculus?

We may have cases of pyo-nephrosis and peri-nephritic abscess, but how could the pus find its way into the urine in the latter case except by a process of ulceration. Again, every one accustomed

to making autopsies, has observed these calculi in the kidney. So also Beale has demonstrated that their presence in the urine indicated probably the presence of a calculus.

From these symptoms was the presence of a calculus diagnosed, and the verity of the diagnosis was established by the subsequent operation.

November 9. *Dr. Dawson* remarked that since there had been some misunderstanding as to the details of the operation performed in the case of *Mrs. Mork*, it would be advisable perhaps to give a description of the same. The tumor was about the size of the double fist and felt much in the same way. The most prominent point of the tumor was located between the umbilicus and the left lateral line. The incision was not made over the tumor, as was supposed by some of the members, but posteriorly on a line with the border of the *erectores spinæ*. After cutting through two inches of healthy tissue, the speaker came upon a glistening membrane, which proved to be the *transversalis fascia*. Making an incision through this, the peri-renal fat was exposed; it was present in quantity, and a considerable portion of it was excised. This immediately brought the kidney with its characteristic color into view. Then by placing the finger in the wound and palpating the abdomen anteriorly, *Dr. Graham* obtained indistinct fluctuation. It was then that the kidney was punctured by a trocar, and the presence of pus detected. The opening was then enlarged, and the calculus detected in the hilus, embedded in half-way organized lymph. The speaker then remarked that he had cut through one-half inch of kidney structure, and, for this reason, he urged that there was no similar case on record. The operation was in accordance with the suggestions of *Dr. Thomas. Smith*.

---

#### CLARKE COUNTY MEDICAL SOCIETY.

A. BRUCE, Pres't.

ISAAC KAY, Sec'y.

The regular meeting of the Clarke County Medical Society, for October, was held in Springfield, Ohio, on the afternoon of Thursday, the 10th, *Dr. J. H. Rodgers*, vice-president, in the chair.

Members present—*Drs. Banwell, Bryant, D'Richey, Harris,*

Hazzard, Icenbarger, Kay, McLaughlin, R. Rodgers, J. H. Rodgers, Reeves, and Senseman.

The minutes of the previous meeting were read and corrected by substituting the name of Dr. Banwell for that of Dr. Hunter as being present at the last regular meeting, and as the member who reported the case of craniotomy at said meeting.

Dr. Hazzard reported some cases of poisoning occurring simultaneously in eight persons belonging to one family, residing near Harmony. All recovered. This report was discussed by Drs. Reeves, Senseman, Kay, J. H. Rodgers, McLaughlin, and Bryant, in which many interesting facts were elicited, and ingenious theories advanced, explanatory of the above-mentioned cases.

Dr. Kay reported a case of carbuncle, of large size, on the back of the neck of a man aged about 65 years. The tumor extended from the spine of the occipital bone to the third cervical vertebra, vertically, and from one mastoid process to the other, horizontally. This case was all the more interesting, inasmuch as the disease was one with which several of our most prominent citizens had died within the last few years. Remarks were made upon this case by Drs. McLaughlin, D'Richey, Reeves, Bryant, R. Rodgers, Kay, Banwell, and J. H. Rodgers. The treatment recommended consisted of emollients, antiphlogistics, chloralum, carbolic acid, and—when necessary—crucial incisions.

The subject of *dysentery*, commonly called flux, was then taken up and considered fully.

Dr. Bryant described the disease as he had met with it in his practice. He treated his cases with Jacob's cordial, leptandrin, starch, castor oil, milk and turpentine, in various doses and modes of combination. He thought the liver should be properly aroused. He gave an interesting army experience with this disease.

Dr. D'Richey seldom used astringents, but often mild cathartics.

Dr. Banwell mentioned several cases of the disease under consideration. He used tonics, wines, and other supportives. Much attention should be given to the cause of the disease.

Dr. McLaughlin said that he had seen but little dysentery during the present year. Retreated these cases according to the special condition of the patient at the time in regard to debility or strength, fever or non-febrile symptoms. He found great benefit from ipecacuanha. Dr. McLaughlin thought that much discretion should be exercised in the selection of remedies, and that the whole treatment should be conducted on general principles.



Dr. Senseman used the sponge bath, gelseminum, and many other remedies mentioned by the speakers who had preceded him.

Dr. Hazzard remarked that in addition to what others had mentioned, he had used calomel, digitalis, and opium. He liked the effects of ipecacuanha, creosote, and mucilage. Dr. H. spoke of the mode of combination in which the above-mentioned articles of the materia medica should be administered.

Dr. Stonebarger made some remarks upon the treatment of dysentery in children.

Dr. Reeves discussed the subject of the proper nomenclature for intestinal diseases. He thought that the terms *cholera* and *choleraïe* were not the happiest that could have been used. Use mercurials but cautiously, supertartrate of potash and leptandrin, in many of these derangements of the biliary system. He used aromatic spirits of ammonia, calomel, magnesia, and peppermint internally, and mustard externally.

Dr. Kay remarked that we had enjoyed a wonderful immunity from dysentery during the present season. There had never been less of it in Springfield and vicinity, during any one season, within the recollection perhaps of any member present. It was generally less prevalent here than many other places, but there had been a remarkable exemption this year, even for Springfield. In regard to the treatment of severe cases of dysentery, he would express the opinion that upon examination of all the treatments pursued in Europe and America, it would be found that the most successful practitioners had settled upon three grand remedies, viz: submuriate of mercury, opium, and ipecacuanha, in their appropriate doses and various combinations. Most of the other remedies were mere adjuncts as it were.

Dr. R. Rodgers spoke of that extraordinary form of dysentery, or flux, which followed cholera. He had found this type of the disease to be extremely severe, and in many instances quite intractable. He treated these cases upon general principles.

Dr. J. H. Rodgers discussed some points pertaining to the hygienic treatment of dysentery. He thought this was too often neglected. He regarded rest as very important, even from the first onset of the disease, and in slight as well as severe cases. Care should be taken to keep up the equilibrium of the circulation. Warmth of the extremities should be maintained, and the skin kept warm by the use of flannel. The neglect of these

important items had no doubt frequently turned the scales against the recovery of patients with this affection.

After a somewhat enthusiastic but harmonious session of three hours and a half, the society adjourned, to meet again on the second Thursday in November, at which time, after the regular reports of cases have been made and discussed, the principal subject for consideration will be *Rheumatism*.

---

*Treatment of Posterior Synechia—Cases.*—In the Forty-sixth Annual Report of the Surgeons of the Massachusetts Charitable Eye and Ear Infirmary, we find an interesting statement by Dr. B. Joy Jeffries, of the results of Passavant's method of operating to break up attachments of the iris to the lens capsule. The operation consists in "puncturing with a lance knife the anterior chamber at the edge of the cornea, passing in the iris forceps, grasping the iris, and by gently drawing, breaking away its attachment at the pupillary edge." Dr. Jeffries operated twenty-four times upon nine eyes, destroying the synechia in each of four cases by a single operation, and upon one eye operating seven times—all within a month. No unfavorable results followed any of the operations; indeed, improvement was produced in all cases, the symmetry, either in quiescence or in motion, of exceedingly irregular pupils being nearly or quite restored. In many cases the procedure does not prevent attention to business. Dr. Jeffries says: "I use a pair of moderately curved iris forceps, the teeth of which have been ground off, and the points serrated. The more delicate their spring, the less liable are we to pinch the iris too hard. . . . Instead of an iridectomy lance-shaped knife, I now use a broad paracentesis needle. I find no difficulty in manipulating my delicate forceps in the corneal wound this makes, and I lose but little of the aqueous before the iris is grasped, when the escape of the fluid rather assists in breaking the attachment. . . . I have, so far, found this operation unexpectedly easy, and certainly most satisfactory in result."

## Correspondence,

EDITOR LANCET AND OBSERVER—*Dear Doctor*: I have been waiting patiently for the time to come when I could write you of something worth reading—say such as a sure cure for cancer, hydrophobia, or granulated lids, or perhaps something that would settle some of the great questions upon which our professional brethren take issue. But, alas! for human hopes, man is of few days and full of trouble—the creature of griefs and disappointments. He goes out in the morning, like a young rooster eager for the fray. He comes in at night with his fine feathers cut, feeling that he would like to crawl into a knot-hole, and draw it in after him.

I am here in the land of the Apache. I have some 2,000 of these gentle spirits under my medical care. If one would know what is in this great busy world, he must shake the dust from his feet and make Rome howl! •Before I came to New Mexico, I had my own notion about the aborigine. I had read Cooper's novels, *Hiawatha*, and the *New York Ledger*. To my youthful imagination, the Indian was a dignified creature of noble mien and imperial bearing; during the day roaming the dark old forest, and at night pensively smoking by his wigwam fire, and talking in subdued heroics of how he had been driven away from the sunny plains, empurpled mountains, and clear running streams of his old home. Longfellow had told me all about Minnehaha in the land of the *Dacotahs*, in the land of handsome women.

Like Cæsar I came, and I saw, even if I did not conquer. My pen falters and language fails to tell what these Apaches are like. It was a bright beautiful morning in June, when the agent introduced me to my new charge. How my bosom swelled, my pulse went up, and my best blue neck-tie shown, as I contemplated my new work. What a field for human effort! Years ago I had thought of being a missionary, but shrank back at the idea of the isles beyond the sea. But here was evangelical work right under under the broad folds of the banner. My imagination kindled at the thought of the impressions I would make upon the descendants of the *Shoshones*. The agent told me that in order to induce "ye gentle savage" to take the medicine I must taste it first. This would show that it contained no poison.



Fatal precedent! Mark the result!! I would fain draw the vail.

I can not tell all that I have had to endure. I have tasted quinine over four thousand times. Even as I write my head rings like a chime of bells on Christmas morning. I am so deaf that I am thinking of getting Dr. A. D. W. to blow me up with his Eustachian catheter and rubber bag. I have vaccinated myself so many times to show how the thing is done, that my body is scarred all over. I have tried to get my hospital steward to take his turn at this matter, but it is no go. He is too old a bird to be caught by such chaff. I have taken so many comp. cathartic pills, that I look like a ghost revisiting these glimpses of the moon.

General Howard was here the other day. In a hope of getting an increase of salary, I called his attention to my bloodless cheeks, hollow eyes, attenuated frame, and scarred limbs. I told him that I was doing all this to help him carry out the peace policy. His great soul beamed forth from those deep blue eyes, and in gentle tones, he bade me God-speed in the path of science and humanity. But *nary* word did he say of *increase* of pay!

I like Howard. Generals are scarce in these piping times of peace. And then again, some of them may be President some day, and then one may want an office. During the war, I was well acquainted with millions and millions of them. Once, at the Galt House in Louisville, no man could get a drink at the bar unless he wore a star. There were so many that they got to be a *general* nuisance.

Howard is a man of brains, but still he do n't know everything. He do n't know what a great faculty these Apaches have of taking everything that is given them and of never being satisfied. Before he came here, they were receiving only beef and corn. He added sugar, coffee, and flour to the ration, and made them presents of calico, sheeting, cotton handkerchiefs, needles and thread, tin plates, knives and forks, hatchets, axes, and blankets. Still they were not satisfied, and complained bitterly that he had not given to each of them a horse, a hospital tent, a barrel of whisky, and a Spencer rifle. But excuse this digression. If any man wants my place here he can have it. But first let me whisper in his ear, never to try to give an Apache chloroform. I tried it once, and it do n't work. They all thought that I was trying to kill the old squaw, and so "*went for me.*" I was in the hospital for two

weeks after that affair. But I paid one of them up. Pinos Altos is an Indian who likes "*whiskey*." Thousands of times he has asked me for his favorite drink. Once I added five drops of *oleum tiglii* to five ounces of *spiritus frumenti*. That Apache has never forgotten that dose. In fact, there is more of the old man Adam about him than I want to see again. I never think of him, but that I think of the parting words of Surgeon G. P. at Fort Leavenworth, "Young man, look out you do n't get an arrow stuck in you in New Mexico."

A. N. E.,

A. A. Surgeon U. S. A.

FORT TULOROSA, N. M., *September 18, 1872.*

---

### ***Opening of the Medical Schools in the Great Hospitals of London.***

Reported by WM. B. DAVIS, M. D., of Cincinnati.

October the 1st is a "gala day" in London for all who are interested in the study of medicine. The London, St. Thomas, and Guy's hospitals opened their doors on that day to the medical public, and discharged their "big guns" by way of a salute, and as a "specimen brick" of what was to follow.

#### **LONDON HOSPITAL.**

The introductory lecture at the opening of the ensuing session of the London Hospital Medical College was given by Dr. Jonathan Hutchinson. Archbishop Manning occupied the chair.

Dr. Hutchinson gave an able and eloquent disquisition on the relation of medical study to moral development, vindicating the pursuit of scientific knowledge from the charge of its tending toward defects in faith. Remarking upon the use and importance of the medical profession in connection with the well-being of mankind, the lecturer held that, as regarded the whole influence of a medical career on character, it would stand comparison with any other vocation; it would train the minds of students to the love of truth. Their foes would be error, ignorance, and misapprehension of facts; and against these they would have to maintain a daily war. It would make healthy demands upon their mental courage. They would find that it was absolutely necessary to think for themselves, and that there was every inducement to keep clear of the trammels of authority. It was not a completed and stationary science, but a rapidly progressive one, which

claimed help of all who engaged in it, and which offered rewards on all sides for original work. Describing medicine as applied to biology, and giving credit to observant nurses and intelligent patients for assistance in the advance of medical science, Dr. Hutchinson spoke next of the kindly sympathy evolved in the practice of this profession, stating that, as far as his experience went, human nature, under the close and undisguised observation of the medical man, came out much better than superficial observers were wont to think. Often would they have to observe instances of devotion to duty, of patience under suffering, and of self-control under conditions the most trying, such as must tend to increase the honor and reverence with which they regarded the human race. Another great aid to their human sympathy would come from their superior facilities for understanding human conduct. The more they comprehended the close connection which existed between morals and mind, and between mind and organization, the less would they feel inclined to bear heavily upon any individual, and the more easy it would become to find excuses for that which they did not like.

It was to physicians and biologists that we owed a very widespread tendency to substitute for the old truism, "to be good is to be happy," the by far deeper and more fruitful suggestion, "make us happy, and you make us good."

He then noticed the all-prevailing and instructive fear of death; and, in reference to this part of his subject, touched briefly on what might be called vital immortality, or the self-renewal of man in his offspring. The teaching of physiology was clearly this, that a man's children were not merely his successors and representatives, but the man himself. In them he continued to live, and to reap to the full the benefit of his care, or the penalty of his neglect. He knew from experience how very difficult it was to persuade the untrained mind to believe this, and he held that medical men, with whom there certainly ought to be no incredulity, could scarcely do a greater service than by endeavoring to instruct others in it. Elaborating this part of the subject, the lecturer, in reply to arguments that genius is not hereditary, remarked upon the combination of qualities derived from different parents, and united—in a poet, for example. If genius were not hereditary, why was it that Chaucer, Shakespeare, Wordsworth, and Tennyson appeared as sons of the English race, whilst Africa could not boast a single poet? As the Athenians were accustomed



to name their children after their grand-parents, so nature often gave the stamp of some long dead predecessor rather than that of the last in the chain. Believing that it was not possible to exaggerate the importance of these doctrines of terrestrial immortality upon the future of education and of morals, he also held that they did much to take away the fear of death, to supplement and strengthen the influence and the hopes which religion holds out as to life in another sphere, and to give additional and very powerful motives for the careful management of that which we possess here.

## GUY'S HOSPITAL.

The inaugural address at Guy's Hospital, yesterday, was delivered by Dr. Pye Smith, who was received with hearty applause. He welcomed those who had chosen the profession of medicine, and had come to Guy's to learn it. To those he would say, that if their aim was to be rich, they had made a mistake. If the money to be spent on their professional education were invested in trade, it would increase much sooner, and with less trouble. They would have in medicine to do a great deal for nothing, while they might leave very little behind for others to enjoy. Let them not work solely for reputation or influence, but rather for the sake of the profession itself; for, even in science, the very worst way to progress was by seeking to make brilliant discoveries. They would derive happiness from the fact that they were exerting the best faculties of the body in trying to alleviate misery, while exempt from the trials and losses incurred in the pursuit of riches, which those in trade had to endure.

Dr. Smith then went on to refer to the future studies of the students. Medicine was the art of preventing and curing disease. He would not attempt to define disease, but would simply say that it included all which caused bodily pain, or was so dangerous that people would try to get rid of it, and the doctor's duty was to assist them in so doing. Prevention was better than cure, and a large class of diseases was of the preventable kind. Some, such as scurvy, plague, and leprosy, had almost disappeared, but a great number still remained. It was the duty of statesmen to recognize this fact. Hitherto they had not done so, and it had been left for the medical profession to effect, single-handed, the improvements which had taken place with regard to preventable diseases. It was, therefore, the student's duty to make himself acquainted with

all the requirements of a healthy body, in respect to air, water, food, etc., so that, wherever he might be, he would be able to make himself a center from whence a knowledge of healthy conditions would be disseminated. After speaking of disease, and giving instances of its operation, Dr. Smith went on to show that there could be no system of therapeutics; that homeopathy, allopathy, and other so-called systems were fallacies, and that, instead of being a science, therapeutics was an art, and an art which depended upon a knowledge of many sciences. Speaking of the more practical parts of the student's life, the lecturer urged them, during the first eighteen months, to devote themselves to anatomy; for, if they did not learn it then, they would never learn it at all. Then, when they had passed their first examination, let them turn their studies to account, and for this purpose nothing was better than to be the surgical reporter. The second year was to embrace physiology, the third clinical work, and the fourth and last the study of those branches such as applied to the eye and ear diseases—branches which were often neglected, and which he urged them never to neglect.

#### ST. THOMAS' HOSPITAL.

The inaugural address at St. Thomas' Hospital was delivered by Mr. J. Crofts, F. R. C. S., joint lecturer on practical surgery. There was a large gathering of students, and Sir Francis Hicks presided. Mr. Crofts' address consisted almost exclusively of practical advice to the students. He urged the necessity of a thorough acquaintance with the known facts of the sciences with which they were concerned, and with the inductions drawn from them, and of understanding, by means of observation or experiment, their application. The sciences of physiology, anatomy, chemistry, natural philosophy, pathology, medicine, surgery, botany, etc., were placed before the students as requiring earnest, persevering work, and the absolute necessity of personal observation and experience, which might be obtained in the laboratory, dissecting room, wards, and out-patient rooms, was strongly enforced. He warned his hearers that the career before them was an arduous one, but he bade them take example by noble lives. He reminded them of the inspiring tale of the Hellenic hero, Perseus, and repeated, in the beautiful language of the Rev. Charles Kingsley, the stirring address of Pallas Athené to Perseus, and added: "Are there not heroes still, and are there not Titans and

monsters yet for heroes to fight? Alas! too many—epilepsy, hydrophobia, tetanus, cancer, consumption, small-pox, cholera, fevers, and the ignorance, supineness, and prejudices which help to breed and foster these odious monsters. These are some of the direful brood with which you will have to contend. Generations before you have done battle with them, but still they live to scourge us. Much has been achieved by the noble lives that have been spent in the long and mighty struggle, but much remains to be done. Living men around us and amongst us are heroically pressing forward in the glorious, if arduous, task, and are present testimony that the spirit of chivalry still flourishes." In conclusion, the lecturer said: "I appeal to you, who are, with hopes and fears, this day launched amidst the temptations and charms of a student's life; to you who return to win fresh honors, or with gallant determination renew the contest; to you who have hitherto yielded too easily in the race, or preferred your pleasure to your duty; to you who are embarking in the calling which has been sanctified by the 'Great Physician,' whether you employ your talents at home or abroad, in peace or war, among the poor or the rich; I appeal to you ever to remember that you have a widespread duty to fulfill—a duty to your friends and relatives, by whose love and care you are or have been fostered—a duty to the philosophical and beneficent profession to which you belong—a duty to the 'Alma Mater,' who bids you maintain the heritage of fame inaugurated by the great Cheselden—a duty to your neighbor, whether in the form of the sufferer, who claims the assistance it is in your power to give, or in the form of a fellow-laborer in prosperity or difficulties; and lastly, and above all, a duty to the Great Creator, who formed the noble work called man, and endowed him with talents to be used in his Maker's service, and who, in placing him in the midst of disease and suffering, wills that he should be moved by the sight of them to the active exercise of that loving beneficence, which is the creature's best approach to the Divine perfection."



## Selections.

*Tea threatened with Competition*—A foreign journal states that tea and coffee are threatened with a Brazilian rival called "guarana," which consists of a tree known to botanists as the *Paullinia sorbilis*, which is very abundant. The tree produces a fruit about the size of a walnut, containing five or six seeds, which are roasted, mixed with water, and dried. Before being used they require grinding, when they fall into a kind of powder. The active principle is an alkaloid identical with that found in tea or coffee, but there is twice as much of it as there is in tea. Guarana is now largely sold by druggists in the form of powder, which is a rapid specific for sick-headache. Indeed, we know of nothing equal to it in efficacy when taken at the beginning of an attack; but as to its being a competitor to the old-fashioned tea, we imagine that it will take a long time yet to find anything like a substitute.

*Guarana in Sick-Headache* (*Dublin Journal of Med. Science*, August, 1872).—Dr. Wilks (*Brit. Med. Journ.*, April 20, 1872) calls attention to the use of this drug as so encouraging in the treatment of sick-headache, and asks for further information. His attention was called to it about two years since, by Mr. Helmenken, of British Columbia, and more recently by Dr. Wood, of Montreal.

Guarana, or Paullinia, is a paste prepared from the seeds of a Brazilian plant, *Paullinia sorbilis*, in a manner somewhat similar to chocolate. It possesses a peculiar odor, a bitter astringent taste, and contains no inconsiderable amount of caffeine. A full account of its properties and uses will be found in Guibert's *Nouveaux Medicaments*, second edit., p. 17.

*A Reliable Test of Death*.—In 1870, a prize of twenty thousand francs was offered by the Academy of Sciences of Paris for the discovery of some positive sign of death, one which can be applied at any time by non-medical persons, requiring no apparatus, and unmistakable in its indications.

Of course a number have been proposed. The latest, and so

far the best, is that suggested by Dr. Hugo Magnus, of Breslau, in *Virchow's Archiv* for August 19, 1872. It is simple, physiological, and conclusive, being based on the fact that when the circulation positively ceases the man is dead. No matter how profound the coma or trance, no matter how death-like the lethargy, some circulation *must* continue, be it ever so sluggishly. Once it has stopped, resuscitation is impossible.

All that one has to do, therefore, is *to tie a string firmly around the finger of the supposed corpse*. If there is the least spark of life left, that is, if the blood circulates at all, the whole finger, from the string to the tip, will gradually turn a bluish red, from the engorgement of the veins. Nothing else, no post-mortem infiltration, can be mistaken for this appearance.

The *Medical and Surgical Reporter* justly attributes great importance to this suggestion, and considers it the most practical and satisfactory yet made.

Prince Bismarck, says the Vienna correspondent of *Le Mouvement Medical* (Oct. 4), has proposed the foundation of an imperial institution to deal with all questions concerning public health. Among the medical authorities consulted in regard to it are mentioned Warretrapp of Frankfort, Reclam of Leipsic, and Hirsch of Berlin. The law carrying out this idea was to be speedily submitted for consideration by the Council of the Confederation.

The same writer notes the death of Prof. Ebert, director of the clinic for children's diseases at the Charite Hospital in Berlin. His place will probably be taken by Dr. Henoch.

*Recent Researches of Brown-Sequard on Epileptoid Convulsions.*—At the stated meeting of the New York Pathological Society, September 25th, Dr. Brown-Sequard gave, in a brief manner, some new facts in regard to the production of epileptoid convulsions in animals, especially the Guinea pig.

The first animal exhibited had been operated upon so as to expose the spinal cord. This operation in the Guinea pig, as was long ago demonstrated by the speaker, is almost invariably followed by convulsive attacks similar in three essentials to those of epilepsy in the human subject. By irritation of what the doctor calls the epileptic zone, the skin of the neck near the ear, convulsions can be produced at will; the movements last from thirty to sixty seconds. Animals so operated upon never recover. The injury is

irreparable, and after some months death takes place. A recently discovered and very interesting fact with regard to the production of these convulsive movements in the Guinea pig, is that injury to other nerves will be followed by phenomena similar in all respects to those produced by injury to the spinal cord.

*Division of the sciatic nerve* in the Guinea pig produces results similar to, if not identical with, those produced by injury of the spinal cord.

In this pig, remarked the professor, the sciatic nerve has been divided quite recently. I now irritate, by pinching the skin of the neck, and you notice that the animal is thrown into violent convulsions, of short duration.

Another animal was exhibited, in which the operation had been done some time ago. In this animal the convulsions could be produced with difficulty, as recovery was beginning to take place.

Another one was shown, nearly well, in which, after powerful pinching of the epileptic zone, no convulsions resulted. In these animals, recovery takes place when the divided nerve is reunited. You will observe in two of these pigs that the toes of the leg supplied by the divided nerve are gone; the animal itself has eaten them off. The explanation of this fact is very simple: sensation of the part is abolished, and the pig eats it, just as it would anything else that came in its way. Here you notice one toe is left; it is supplied with *sensation* by a branch of the crural nerve, and has, therefore, escaped destruction. I have said that animals, after a certain length of time, recover. This is shown by increased sensation in the epileptic zone, and by the falling off of the hair at the same spot. And now comes a very remarkable fact. These peculiarities or traits induced by this operation are *transmissible*. The young of the toeless father or mother, when also born without toes, are liable to convulsive seizures precisely similar to those of the parents, and recovery is preceded by falling off of the hair at the epileptic zone.

The facts show the wide range of phenomena produced when the nerves are injured, and no one observer, no matter how diligent, is capable of interpreting them. In conclusion, Dr. Sequard urged upon the younger members of the profession the necessity of aiding him in these investigations. The operations are simple, the results manifold and complex, and need careful observation and truthful record.



Dr. Sequard will, at an early date, give a series of lectures upon the results of his recent researches.—*Medical and Surgical Reporter*.

*Doctor in Medicine and other Papers*.—We have received from the publishers, Messrs. Wm. Wood & Co., of New York, a volume of essays on various medical topics, contributed at times to the journals by Dr. Stephen Smith. We feel that we can not do a better service to professional opinion than to reprint one of the papers of the volume, and so much pleased are we with the tone of these papers, we propose to copy other papers contained in this volume, from time to time, as we may find space:

“One of the religious papers of New York, a few weeks ago, took to task a secular paper which claims to stand upon ‘great primal Christian truths,’ for presuming, with such professions, to admit into its advertising columns theatrical advertisements, whereby ‘the homes of Christian families’ would be demoralized. It concluded its rebuke as follows:

“‘Now, if theatrical advertisements must go to the homes of Christian families, we say, let them be taken there simply as theatrical advertisements, and not by a messenger who professes to stand upon “great primal Christian truths” in their distribution. We can not think that “the time has come for a living Christianity” thus “to assert itself.”’

“Presuming, from the confident tone of the editor, that his advertising sheet must be a model for a religious journal designed for the homes of Christian families, we glanced down its columns, and what was our amazement to find them crowded, not with notices of theaters, the least dangerous of all possible advertisements to the morals of families, but with the most disgusting and demoralizing notices of diseases, and the quack preparations adapted to them. Here is ‘Dalley’s Magical Pain Extractor,’ which is advertised to prevent and cure (in a list of thirty-eight different diseases) small-pox and cancer. Can the editor plead ignorance of the utter and malicious falsity of this statement? Does he use Dalley’s Pain Extractor to protect his own children from small-pox, or would he recommend a friend to try it? And yet he is willing to lend the pages of his professedly religious paper to introduce this bitter falsehood into ‘the homes of Christian families.’ And this paper the cunning charlatan selects because it is a messenger who professes to stand upon ‘great primal

Christian truths' in the distribution of its advertisements. In an adjoining column of the same paper, under the startling title, 'Health of American Women,' appears the announcement of the Græfenberg Company, which we never fail to find in a paper professing to stand upon 'great primal Christian truths' in the distribution of its advertisements. Is the editor aware of the nature of the Græfenberg Marshall's Uterine Catholicon? Does he recommend it in his own family? Nay, dare he read that advertisement at his own fireside? We believe not. Again, we have 'Mrs. Winslow's Soothing Syrup for Children Teething.' The advertisement says, very truly, 'Depend upon it, mothers, it will give rest to yourselves and relief to your infants.' Thousands of mothers in this city are annually relieved of all further care of their infants through the magically soothing effects of Mrs. Winslow's syrup, which the religious papers, as messengers who profess to stand upon 'great primal truths in their distribution,' introduce to the homes and confidence of Christian families. We commend to the careful reflection of the editor the following extract from the city inspector's last report, in regard to patent medicines and their effects upon the mortality of children:

"A very large number of children are killed annually, in this city, by *patent medicines*. They are exhibited without any knowledge of their properties, or their power to allay the symptoms for which they are given. I ask, how many hundred infants are destroyed by the various vermifuges alone that are advertised?—given to them with the idea that they are affected with worms, when, in reality, nothing of the kind exists in a large majority of cases. The symptoms that are taken to be indicative of worms are often those of teething, or the incipient stages of hydrocephalus or tabes-mesenterica, etc., which, by judicious treatment, might be cured. These nostrums never fail to coincide with the disease and aggravate the symptoms.'

"Editors of religious papers should ponder this statement, and estimate how many of the fifteen thousand children who died last year in this city are chargeable to their account? We do not desire to be hypercritical in these remarks; our only purpose is to call the attention of religious journals to the fearful responsibility which they assume when they prostitute their columns toward the furtherance of the low, vulgar, and immoral objects of advertisers of nostrums. They well know that this class of persons especially seek the columns of religious papers, because their malicious

falsehoods are thus clothed with a certain respectability, and are received by Christian families as indorsed by the paper in which they appear. But however desirable it may be to have a reform in this regard, we shall not see the day when religious principles will so far triumph over the power of money, as to make professing Christians, in the daily walks of business, reject with scorn the latter, to save untarnished the former. The character of the advertisements which fill the religious papers would justify the belief that the only question which proprietors ask of advertisers is, 'How much will you pay?' We submit to this and all religious papers the following advice: '*Now, if quack advertisements must go to the homes of Christian families, we say, let them be taken there as quack advertisements, and not by a messenger who professes to stand upon "great primal Christian truths" in their distribution. We can not think that "the time has come for a living Christianity" thus to assert itself.*'"

*Superstition.*—The Paris correspondent of a daily paper says:

"Another swindling operation is also to be put down by the police—to wit, the sale of magic plants by the herbalists. It will be scarcely credited that in Paris, in the nineteenth century, there is an immense consumption made of these sorts of herbs, of which very small portions are sold at fabulous prices. Thus, a piece of mandrake, gathered when the moon is full, costs at least fifty francs. A single leaf of azedarach, upon which, on the last Saturday of the month, has been pronounced the grand cabalistic formula of King Solomon, finds easily a purchaser at one hundred francs; while a bundle of moss which a centenarian has stewed up in a saucepan with two frogs and the skull of a man who has committed suicide, is looked upon as a bargain at two hundred. It is almost superfluous to add that moss, mandrake, and azedarach are nothing but common weeds, bought for a few centimes in the morning at the herb market of the Rue de la Poterie, and raised by credulity and ignorance to the dignity of magic plants."

*A Correspondent* sends us the following:

"*Nose Machine.*—This is a contrivance which, applied to the nose for an hour daily, so directs the soft cartilage of which the member consists, that an ill-formed nose is quickly shaped to perfection. Any one can use them, and without pain. Price 10s. 6d. Sent carriage free. ALEX. ROSS, 248 High Holborn, London. Pamphlet sent for two stamps."



"The above advertisement appears in the *London Spectator* of a recent date. We hasten to give it circulation. We know of people whose noses have been to them sources of life-long torment—noses *retroussé* to such a degree that to follow them, as the way-side proverb directs, were spiritually wise; pug-noses, deftly buttoned into a breadth of face—noses of innominable form, flabby, and elusive of the handkerchief; Thackerayan noses, more amazing for what they lack than for what they have—making the profile like that of the faces we used to bite out of gingerbread when we were boys; and, lastly, the noble eastern nose, a tower of sadness to him whom, having wandered from his fathers' ways, the signs of race discomfort. Good news to one and all, or to such, at least, as begin early to train their noses in the way they should go, and whose cartilages are of a submissive gelatine. For the first time we are led to reflect as to how much of nose-character is bone, and how much is jelly (fair subject for a prize essay); for, as all great generals have had great noses, there may be, too, a nose in its intimate essence professorial, which, obtainable by aid of art, may bring a man to this crown of medical glory ere yet his beard be gray.

"Also, in the *Guardian*, a well-known high-church paper, we find a gentleman who advertises for second-hand sets of artificial teeth. What does he do with them?"—*Philada. Med. Times*.

*Hearing one's own Voice through the Eustachian Tube* (Prof. Rüdinger, of Munich: *Monatsschrift für Ohrenheilkunde*, Sept. 1872).—In this article Prof. Rüdinger adduces what he considers a proof that in the normal condition, the Eustachian tube is closed.

While lecturing, the professor performed the ordinary act of swallowing, and heard the usual cracking sound in each ear, accompanied by the temporary sensation of opening of each tympanum. In the right ear, however, the sensation continued, attended with an increased perception of the words which the professor was uttering in his lecture.

He says: "My own voice appeared to me to be higher, and of another 'clang-tint' or timbre (clang-tint has been proposed by Tyndall as a translation of the German word 'klangfarbe'), and at last became painfully audible." This continued for some moments, but at last the professor, unable to endure the pain, swallowed, and the phenomenon disappeared. Rüdinger says, "I

have no other explanation of the supposition that as I performed the act of swallowing, a spasmodic condition of the dilator tubæ occurred, than my own peculiar subjective sensation.

“The continuation of the cracking sound and open sensation in the right ear seems to show primarily that a spasmodic contraction of the muscular portion of the Eustachian tube occurred; and, as instantly my own voice was altered, clang-tint was heard as if through the Eustachian tube, the supposition seems natural that the tube was in a very different condition from its ordinary one.

“All the phenomena seem to indicate a spasmodic patulence of the Eustachian tube, rather than a spasmodic contraction of the stapedius muscle, or the tensor tympani, which some might suppose had taken place.”

If the observation and indication are correct, we may conclude that the Eustachian tube is closed in the normal condition, in the manner I have elsewhere described, and that it must be closed in order that our own voices may not be heard to a painful degree by ourselves, through it.

C. H. B.

*Too Much Medicine.*—The New Bedford (Mass.) *Mercury* says the medicine chest of one of the abandoned Arctic whalers was broken open by some of the natives, who, thinking they had found a prize, proceeded to swallow the contents of all the bottles. The survivors described the result as startling: for the doses were too large for the constitution of even an Esquimaux. Several of the partakers died, and others wanted to, but could n't.

*Bravery of a Medical Officer.*—In General Orders No. 99, from the headquarters of the U. S. army at Washington, reporting an engagement with hostile Indians on the 29th of September last, by an expedition under command of Colonel R. S. McKenzie, of the 4th Cavalry, “Acting Assistant-Surgeon Rufus Choate is commended for his care of the wounded under fire.”

*Dr. Addinel Hewson*, of Philadelphia, has been obliged to go abroad with his wife, who has been in feeble health for several years past.

We understand that the cause of General Meade's death was the formation of a heart-clot during an attack of pneumonia.

## Editorial.

*End of the Year.*—With this number of the LANCET AND OBSERVER closes up another annual volume. The years go by; time after time we come to mark these white stones of passing years and accumulated works, but after all we steadily progress with the work before us—as in the song of the brook—

“Men may come and men may go,  
But I go on forever.”

So with the journalistic work—the months and years go by, and we mark in pleasant numbers their passing days, but the work goes on without break of the thread. And still it is pleasant to remember these epochs as they come, registering the year's work done, and the new year entered upon.

We have but little to say. These *seventeen years* of editorial work have been mostly pleasant years of pleasant toil. Our friends have been considerate, and patient. We have aimed to afford a vehicle of the thought of the profession in this valley, in this city, and a mirror throughout the world. In the future as in the past, we shall strive to make this journal useful, practically useful to its readers; beyond this, after all the past, we have little to say.

Of course, in the progress of years, there are constant changes in our ranks. Friends die—friends grow weary or disabled; these changes affect our list. We take this occasion to thank our friends, all over the country, for their efforts in contributing to our list. May we modestly ask now, at the end of the old and opening of the new year, that our friends everywhere make a systematic effort to increase our subscription. After all these years of toil for you, we feel like asking you to work a little for us.

*As to Arrears.*—Occasionally we call attention to this matter. Our subscribers are generally so prompt that we can not, with good face, urge this matter; but now, at the end of these years, we find several thousand dollars due, that ought to be paid within



the next fifteen days. The amounts are small of themselves, but the aggregate would help us wonderfully in the settlement of our affairs and in our arrangements for the future. To all our readers, without exception—to our exchanges from whom we have received many an unacknowledged favor—to all we say, a merry Christmas and a prosperous New Year.

*The Epizoot.*—Nothing in the way of an epidemic disease has come home so closely to the heart of the doctor as the recent and present *Canadian horse disease*. At once—within twenty-four hours—nearly every horse in Cincinnati—dray horses, express horses, doctors' horses—all sorts of horses, were attacked and rendered for the time useless. All sorts of occupations and pursuits have been crippled for the time; all the business affairs of our city have been placed in abeyance. For a day or so our streets put on the air of Sunday; then gradually we came to have all sorts of substitutes for usual power. We have had any quantity of primitive ox teams—boys with carts—men with wagons—all sorts of expedients to facilitate transportation. In the meantime, doctors have fallen back to the sure and safe way of locomotion, on foot. Doctors meet each other on the street, and aside from the broad grin of recognition, scarcely a word is said. It is sufficient to recognize a fraternal and common cause of suffering. In this connection, it may be proper to say that the experience and belief of physicians in our city is that extra medication is bad, or at most useless. Some of our doctors have given solutions of potash, quinine, iron, etc., morphia and atrophina in hypodermic injections, etc., but for the most part, the most satisfactory treatment has been quiet, rest, warm blankets, soft and moderate food. Under this plan, nearly all horses attacked are now rapidly recovering. The only additional question is as to how far it is best to use horses while under the influence of disease. We suspect the question is readily answered by a fair comparison with the human. Experience, at any rate, shows that it is better to rest the horses while under the influence of the epizoot.

*A Sensible Proposition.*—In these days of sensational murder trials, we find the following very correct and pointed suggestion made by Mr. Thompson in the Indiana legislature:

Mr. Thompson introduced a bill to protect society against the danger from setting at liberty persons who may have been ac-

quitted of murder, manslaughter, robbery, arson, rape, burglary, or larceny, upon the ground of insanity. The bill provides that whenever any person shall be prosecuted for any murder, manslaughter, robbery, etc., and the plea of insanity shall be set up in defense, it shall be the duty of the court or the jury trying the defendant to find specifically whether such defendant was or not insane when the alleged offense was committed, and whether such insanity was impulsive, homicidal or moral, or not. In case the court or jury shall find the defendant to have been insane when the offense was committed, he or she shall be found not guilty thereof.

Any person acquitted in any of the cases heretofore mentioned shall be committed to some secure and strong ward of the hospital of the insane, for the term of two years, and as much longer as may be necessary to complete the cure of such defendant, but such defendant shall be kept wholly separate and apart from other patients in said hospital. It is expressly provided, further, that when any such person shall be acquitted of any charge of murder, manslaughter, etc., by reason of the impulsive, homicidal, or moral insanity, such person then upon his or her acquittal shall be securely confined in such strong ward in said hospital for the insane during his or her life.

*Vaccine Wants.*—During the past month or two, we have had a large number of applications for vaccine matter. In nearly every instance we have been unable to procure reliable matter for our correspondents. Good vaccine has been almost absolutely out of the question in this city. Recently, however, we are pleased to know that Mr. Keeshan, of our city, has secured a fresh supply that we are confident is reliable. Our friends, therefore, will do well to address him directly—John Keeshan, Sixth and Walnut—and the inclosure of one dollar will secure a supply of good matter.

*Vick's Illustrated Floral Guide* is the title of an illustrated floral and gardening periodical to be issued quarterly by Mr. Jas. Vick, of Rochester, New York, and our friends who have a taste for gardening, ornamental or otherwise, will find in it all sorts of information and instruction. The price is only nominal, twenty-five cents a year. The January number, just received, is full of plates, notes on floral culture, cuts of flowers, and everything that the culturist can desire.

*Ohio State Medical Society.*—The volume of Transactions for 1872 has been issued some time, and is, in both matter and style, a credit to the society. It is, however, very discreditable to the society to repeat what we hear, that so many members are in arrears that the publishing committee are unable to liquidate their debt with the printer. Remit your dues at once to the treasurer, Dr. Grey, at Piqua, or the secretary, Dr. Hadlock, of this city.

*Death of Dr. Willey, of Minnesota.*—By newspaper paragraph we are pained to learn of the death of Dr. Willey, for many years past of St. Paul, but formerly of Ohio, and for a time assistant to the Central Lunatic Asylum. He was a man of culture, and we deeply and sincerely sympathize with the friends in their loss.

*Pharmacy.*—Hereafter we are pleased to announce that we shall have space devoted each month to a department of pharmacy. We do not become an organ officially or otherwise of the college, but some of its members have kindly agreed to be responsible for the material of such a feature to this journal.

*Wm. R. Warner & Co., of Philadelphia,* are probably the best makers of sugar-coated pills in this country; at any rate, they have no superiors. But they also make other reliable preparations, and our friends will do well to examine the price-current circular of that house that appears monthly in our issue.

*The "Visiting List" for 1873.*—Promptly, as usual, Messrs. Lindsay & Blackiston are on our table, with their well-known and everywhere popular "Visiting List." The price ranges from \$1 to \$3, according to style and size.

*Gynecological Journal.*—Rather late, but still we take pleasure in acknowledging to the publisher the compliment of the volume from January to July, in handsome cloth binding. We trust the success which has hitherto attended this enterprise will be abundantly sustained.

*Married.*—*Brill—Alexander*—At the residence of the bride's parents, near Pittsboro, Indiana, on the 10th ult., by Rev. C. Dilly, J. H. Brill, M. D., of Pittsboro, Indiana, and Miss Alice Alexander.



## Reviews and Notices.

*The Science and Practice of Medicine.* By WILLIAM AITKEN, M. D., Edinburgh, Professor of Pathology in the Army Medical School. Third American from the sixth London edition, etc., with additions by MEREDITH CLYMER, M. D. Two volumes. Philadelphia: Lindsay & Blackiston, 1872.

The author states that the first edition of this work was published fourteen years ago. Since then the sixth successive edition has been issued, and now, in the United States, this third edition makes its appearance. From the beginning Aitken's Practice, while, to a large degree, simply a compilation, exhibiting but little individuality of the author, has been received with decided favor, because, in part, it is in itself a cyclopedia of practical information. The American profession has regarded the work with decided favor, and this will doubtless be enhanced in view of the important improvements presented both by Dr. Aitken and Dr. Clymer, the American editor. Having, on two previous occasions, fully noticed the characteristics of the work, we may content ourselves with this brief notice of a new and improved edition. The work is illustrated with a map of health and disease over the world, a steel engraving, and a large number of wood-cuts.

For sale by Robert Clarke & Co. Price, \$12.

*Transactions of the American Medical Association, Vol. XXIII, for 1872.*

The volume before us is more than usually bulky; whether that implies increased value is a question. It can scarcely be possible that seven hundred pages of mature contributions can be afforded in this shape and direction without a material amount of value to the profession; but for a few years past, we have noted with satisfaction a disposition on the part of the publishing committee to abridge the table of contents to those matters of decidedly original importance. We think this is well; heretofore much matter incorporated in our annual volumes could have done better service as contributions to the various medical journals of the country. In the volume of this year, we notice with pleasure, however, that considerable space is occupied with epidemic and

climatic reports that better belong here than anywhere else. So, while we note an objectionable bulk of the volume, we think it is unusually legitimate in its character. We are pleased to notice that a few complete sets of the Transactions are on hand, and numbers for any year may still be obtained by application to the treasurer, Dr. C. Wistar, Philadelphia. We also record with great pleasure that the finances of the society are in good shape, with a surplus in the treasury.

*Cancer: Its Varieties—their Histology and Diagnosis.* By HENRY ARNOTT, F. A. C. S. Reprint by Lindsay & Blackiston, Philadelphia.

This treatise is the result of the remodeling by the author of a series of papers to the *Medical Times and Gazette*, and contains his ideas of the nature of cancer in its various manifestations, the guides to diagnosis with the microscope, accompanied with plates of typical forms of structures, and a clear defense of the anatomical, rather than a clinical classification of tumors. The author does not believe in the "*cancerous diathesis*," and thinks that the implication of lymphatic glands is of very rare occurrence in sarcoma, as common in epithelioma, and extremely frequent in carcinoma, and considers the degree of involvement importantly suggestive of the diagnosis.

This book is a very valuable contribution to the literature of subjects to which it is devoted, and is equally interesting to the practitioner and the student of medicine.

Sent by Robert Clarke & Co., on receipt of price, \$2.25. M.

*Ovarian Tumors: Their Pathology, Diagnosis, and Treatment, especially by Ovariectomy.* By E. RANDOLPH PEASLEE, M. D., LL. D. New York: D. Appleton & Co. Pp. 551. M.

This great work of the distinguished author is so comprehensive of the classification, the pathological anatomy, development, complications, diagnosis, prognosis, and treatment of ovarian tumors, so complete in the history of ovariectomy, so full in statistics, and so instructive in the details of examinations, of considerations for and against operations, and of the arrangements and cure of cases before and after operations, that no review can do it justice. It should be in the hands of every one desiring information of instructions upon the subjects treated.

A fine line engraving of McDowell, the original ovariectomist,

adorns the work. The typography is in the finest style of the offertory.

Robert Clarke & Co. will send it on receipt of price, \$5. M.

*General and Differential Diagnosis of Ovarian Tumors, with special reference to the Operation of Ovariectomy.* By WASHINGTON L. ATLEE, M. D. Philadelphia: J. B. Lippincott & Co. Pp. 482.

Herein is presented by the distinguished ovariectomist the results of his personal experience for the last thirty years, which is not equaled by any operator in this country, and the profession is under great obligations to Dr. Atlee for this record. We have merely time to call attention to it, and will not attempt an analysis at the present time. It should be in every medical library.

Robert Clarke & Co. will send this book prepaid, on receipt of the price, \$5. M.

#### *Literary Exchanges :*

*Harper's Monthly Magazine.*—This sterling magazine is so well known and enjoys so large a circulation, that we feel that our words are but feeble in support of its claims. The December number commences a new volume—the forty-fifth of its history. Doctors, like other folks, come to have hours of *ennui*, and for their relief there is nothing so good as a good magazine. Commend me to Harper.

The several publications of Osgood & Co.—*Atlantic Monthly*, *Our Young Folks*, etc.—are among the favorite periodicals of the country, and each of these is so well known as to be outside of the line of special criticism.

*The Methodist Book Concern* publish several periodicals of great family worth, independent of all sectarian consideration. Thus, for general family reading, there is nothing that excels the *Repository*. For the children, there is no better juvenile than the *Golden Hours*.

*Godey's Lady's Book* is among the oldest and best of its kind in this country; about that there is no question. For some reason our exchange is cut off, but we will not quarrel; the *Godey* is, after all, the best lady's book in the country; but we will be obliged to our friends to renew the exchange.







